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ABSTRACT

A training program for community agency volunteers involved in providing personal care and assistance to older persons in their homes is outlined in this manual. Twelve sessions are included with suggestions for supplementary sessions in several areas. The first four sessions, which cover the need for home services to the elderly, aspects of the aging process to promote a better understanding of the elderly, techniques of home management and home safety, and the importance of recreational activities, are designed for use by staff persons of councils on aging or similar agencies. The content and suggested methods for these sessions are included. The remaining sessions, concerned with home nursing skills--maintaining health; recognizing illness; personal services for the bed patient; and diets, medicines, and treatments--should be conducted by a qualified home nursing instructor through arrangements with the local Red Cross. All necessary materials for teaching and practice sessions are provided by the Red Cross. (MBR)

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IN-HOME SERVICES FOR THE ELDERLY

A Training Manual

Prepared For

The N. C. Governor's Coordinating Council on Aging

Jane H. Hare

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

Extension Division
The University of North Carolina
Chapel Hill, N. C.
1975

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INTRODUCTION

Of growing concern to those working in the field of aging is the need for supportive services which will enable older persons to live independently in their own homes as long as possible. One of the support services which is crucial to maintaining this independence is that of in-home care. Aides who have been trained to provide personal care and assistance to older persons in their homes are in great demand. A program designed to meet the demand for trained aides is a necessary step in the process of enabling the older person to remain independent.

A needs assessment in each community should be made to establish the extent of the need for in-home services for older persons in that community. When the need has been established, a training program should be designed which will respond to the need and which will draw on appropriate community agencies and individuals for support.

There are several ways of approaching the planning and implementation of a training program for providers of in-home services to older persons. This manual will stress the use of community agencies and volunteers as a major resource in setting up the program. The director or program coordinator using this manual will be encouraged throughout to supplement the sessions which are outlined with resources which are available in the local community.

A program of this nature must cover a number of general topics due to the variety of employment situations which the aides will encounter. Since the original five two-hour sessions do not provide enough time to adequately cover the material which should be included in a program such as this, it is suggested that program coordinators consider a more practical time span ranging from 80 to 120 hours of instruction with an additional two to four weeks for supervised practice.

If at all possible, a more comprehensive training program should be undertaken in conjunction with a local community college or technical institute. This has worked successfully in several communities and makes possible a more effective and thorough training experience. The North Carolina Department of Community Colleges has several Curriculum Outlines which you may wish to examine. "Home Companion for the Aged" is designed for 220-275 hours of instruction and is geared specifically towards meeting the need of older persons who wish to remain in their own homes. The "Personal Care and Family Aide" Curriculum is a 380-hour course which may be used for training home health aides for public agencies. Other Curriculum Outlines include "Housekeeper's Aide" and "Homemaker's Assistant".

The resource which this manual offers is that of a sample design which should be expanded and adapted by each agency that undertakes a program to train in-home aides. A total of twelve sessions are included in this manual with suggestions for supplementary sessions in a number of areas. The first four sessions are designed to be used by staff persons of councils on aging or similar agencies, with the content and suggested methods included within. Two of these sessions are divided into two parts in order to provide basic coverage of the necessary material. It would be highly desirable to separate these sessions and supplement them with community resource persons and additional material. Sessions five through eleven should be conducted by a qualified Home Nursing instructor through arrangements with the local American Red Cross Chapter. More details on this process are provided in Session 5 which outlines the necessary steps for scheduling the Home Nursing course. This should be done prior to the beginning of the training sessions so that the Red Cross personnel will have ample time to make arrangements for the course. The twelfth and final session should be used for wrap-up and evaluation of the program and to cover the details of assignments to supervised placements.

Each trainee should be assigned to a supervised placement in a nursing home or private home for at least two to four weeks. This placement will allow the trainees to gain valuable experience in performing the skills which have been taught in the Home Nursing course, as well as to observe and work with older persons who need some degree of personal care and assistance. It will also allow the trainee to develop a degree of self-confidence in his/her ability to perform the varied duties which will be required on the job. Orientation to the method of placement or employment should be thoroughly reviewed with the group.

In selecting the group participants, it is recommended that each applicant be interviewed by the coordinator of the program, that his/her ability to complete the application form be observed, and that references be requested for each Personal qualities such as warmth, understanding, and a desire to help other people should be carefully assessed. The applicant's past experience, either through employment or at home, will provide the basis for many of the discussion sessions. An elementary reading level is desirable for the participants as the Red Cross Home Nursing course includes the use of a textbook and some required reading. A trainee group of eight to twelve persons is suggested as the most effective size for encouraging individual participation in group discussions and for practicing the home nursing skills.

Sessions in this manual are designed to involve the participants in the learning process through discussions and by encouraging the sharing of individual life experiences as they relate to providing in-home services. Care must be taken to allow all trainees to participate and to avoid situations where one or two individuals tend to monopolize the discussion sessions. The time alloted to each activity in the sessions should be kept flexible to avoid cutting something short which seems good for the group to pursue.

The format which is offered here provides very limited time for skill development and consideration of areas which should be covered in preparing trainees to work with older persons in their homes. It may be used to create an awareness of or a sensitivity to attitudes, problems, situations which may confront the deliverer of in-home services and the person with whom he/she is working. But it is by no means an in-depth course.

If time permits, it is suggested that resource persons from the community be asked to cover some of the other topics found to be basic to a training program such as this. These include:

1) a nutritionist or home economist - to deal specifically with dietary problems which are unique to older persons; to provide information on the various kinds of special diets; and to discuss the importance of following a prescribed diet;

2) a physical therapist - to demonstrate the use of special assistive devices which are available to those with physical disabilities; to emphasize the use of body mechanics in working with a bed patient (also covered in Home Nursing course); and to cover activities of daily living;

3) a foot specialist - to provide basic information on care of the feet and to emphasize the importance of this for the older person;

4) a speech and hearing specialist - to discuss these limitations and to review ways of communicating effectively and encouraging independence as much as possible;

5) a person trained in working with the blind or those with limited vision;

6) other resource persons to lead sessions in family relations, the employment process, fire safety, emergency squad procedures; minister or other professional for session on death and grief.

At the end of each session, suggestions are made for supplementary topics which could be included in this program. Consideration should be given to inclusion of all of these with others which might be appropriate to the local situation.

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INTRODUCTION TO A PROGRAM OF IN-HOME SERVICES FOR OLDER PERSONS

Session One

Purpose: To explore the need for services to older persons in their homes and to discuss ways of meeting this need.

Objectives:

1. To introduce - -
   a) the sponsoring agency to the trainee group;
   b) the course outline to those enrolled;
   c) each participant to the others in the group.
2. To acquaint the participant with the need for services to older persons in their homes.
3. To familiarize trainees with community resources which can respond to the needs of older persons.
4. To develop within the group a sense of themselves as a resource to older persons.

Time Required: 2 - 2½ hours

Materials Needed:

Name tags

Copies of schedule and program outline for each

Chalk Board and chalk or large newsprint pad and felt tip markers

A telephone directory

Notebooks or folders for keeping handouts and pamphlets

SESSION PROCESS

Objectives	Procedures	Time
To introduce --	Welcome the group and introduce the topic for the session.	
a) the sponsoring agency	Present a brief review of the history of the agency, its organizational structure, its purpose in the community and current programs.	10 Min.
b) the course outline to those enrolled	Distribute copies of the course schedule and go over general details together. Allow time for questions.	15 Min.
c) each individual to the others in the group	"Choose a Partner" exercise. Instruct each person to pick someone from the group that he or she doesn't know, exchange information with that person--name, family, past work experience--and be prepared to introduce that person to the group. After allowing time for this exchange, ask each person to introduce the partner and provide a brief sketch of personal information. Names should be written on the chalk board. (time will vary with size of the group). Make name tags to wear at each session.	25 Min.
To acquaint the participant with the need for services to older persons in their homes.	Provide an overview of the need for in-home services. Give picture of local community need.	15 Min.
To familiarize trainees with community resources which can respond to needs of the older person.	What is a community resource? Discuss this with the group and consider some of the resources which we use daily. Then focus on those resources which are of particular importance to older persons and make a list of these. Use the telephone directory to find numbers and to demonstrate the use of the yellow pages in finding resources with which we are not familiar. Check out cleaning services, laundry, etc. Emphasize the fact that there are both community agencies and businesses which provide services--some free, some for a fee. Make copies of the list to distribute at the next session.	15-20 Min.

Objectives	Procedures	Time
To develop within the group a sense of themselves as a resource to older persons.	Ask each person to share with the group his/her reasons for entering this training program. Then suggest that the group make a list of all the personal qualities which they believe to be necessary or desirable in providing in-home services to older persons. This list of qualities should be written on the board. The list will include: patience, kindness, honesty, responsibility, trustworthiness, love, tolerance, ability to communicate, good judgment, dedication, desire to serve, understanding, cleanliness, ability to follow directions, being observant, etc. Elicit as many as possible from the group and guide them in evaluating themselves in relation to these qualities--consider their strong points and ones which they feel a need for improving in themselves. Several from this list should be discussed at greater length. If an additional session can be scheduled for considering the employment process and job ethics, or some such title, this could be handled much more thoroughly. If this is not possible, the session should be extended to discuss several very important areas. Good judgment--emphasis should be placed on knowing what you can do and things which you have not been trained to do. Calling on qualified professional help when that is indicated must be stressed. Confidentiality--discuss with the group what this term means and emphasize the importance of not discussing a person with whom you're working with anyone else. This may be difficult - involve the group in dealing with this.	45-60 Min.

Objectives	Procedures	Time
	Cleanliness - personal hygiene may need to be discussed. Some groups will need this, others will not. Being observant - emphasize the importance of daily observation of changes in the person for whom the aide is working. This may provide valuable information for family or professional working with the patient. Following directions - the aide will often be in a situation where it will be most important that directions be followed precisely, i.e., special diet, medication, special exercises. Use the exercise "How to Follow Instructions" which is included in the content of this session. This is a fun exercise, but illustrates very quickly how easy it is to overlook a very important instruction. Wrap up the session with a short statement emphasizing the importance of the task ahead, the need for trained persons to provide care for older persons in their homes, and the need for supporting one another in this training experience.	

AN INTRODUCTION TO THE NEED FOR A PROGRAM OF IN-HOME SERVICES

Many older persons who are no longer able to manage their lives independently in their own homes are faced with the possibility of institutionalization as the only option open to them as they become less able to maintain themselves.

The development of a broad spectrum of programs and services to meet the needs of older persons can alleviate this situation. By providing support services in each community, a person who is no longer able to live independently would have a number of alternatives from which to choose when faced with making decisions affecting living arrangements and other major aspects of his/her life.

The range of these services would include such things as a daily telephone check, meal preparation, shopping, errands, light housekeeping and laundry, motivation for carrying out activities of daily living, transportation to medical and social appointments, home repairs, heavy house-cleaning, home delivered meals, day care centers, complete bed care, and many others.

With a population of 22,000,000 persons in the United States who are 65 years of age and over, there is a great need for planning and implementing support services which could be called on as needed. A startling statistic to most people is that only four to six per cent of all persons 65 and over live in institutions or hospitals. This indicates that the demand for in-home services will increase as the years go by. More and more emphasis is being placed on keeping people at home as long as possible. This is usually where one is most happy and will live longer.

Information should be presented here on the number of older persons in your community and the extent of the need which is present for in-home services as far as can be determined.

During the second half of this session, the trainee group will be asked to compile a list of community resources which are available to respond to the needs of older persons. This list may include:

Department of Social Services

Social Security Administration

Public Health Department

American Red Cross

Agriculture Extension Division

Library

Counseling Services

Information and Referral Services

Day Care Facilities for Children and Adults

Hospitals

Emergency Services:

- Rescue Squad
- Police Department
- Fire Department

Closest Relative

Physician of Your Employer

Scholarship, Education and Defense Fund for Racial Equality, Inc.
164 Madison Avenue, New York, New York 10016

HOW TO FOLLOW INSTRUCTIONS

(A 2 minute test)

1. Read everything before doing anything, but work as rapidly as you can.
2. Say "hello" to the group.
3. Circle the word "doing" in sentence No. 1.
4. Write the number "10" in the lower right hand corner of this page.
5. Raise your left hand above your head.
6. Jump on your right foot.
7. Draw a circle around the number "10" in sentence No. 4.
8. Write the name of the city in which you were born_____.
9. Stand up.
10. Draw an "X" in the lower left hand corner of this paper.
11. Yell out, "I am smart" when you get to this point.
12. Write the name of the city you live in_____.
13. Count out loud in your normal speaking voice, backwards, from ten to one.
14. Yell your first name out loud when you get to this point.
15. If you think you have followed instructions to this point, call out, "I have."
16. Pat your stomach and rub your head.
17. Write the name of your occupation_____.
18. Now that you have read the instructions carefully, do only what sentences Numbers 1 and 9 ask you to do. Ignore all other directions.

Rev. 3/1/68

INTRODUCTION TO THE AGING PROCESS

Session Two

Purpose: To explore aspects of the Aging Process in order to promote better understanding of the older person.

Objectives:

1. To develop participant awareness of some of the myths or stereotypes related to the older person.
2. To provide the participant with information on three aspects of aging--physical, sociological and psychological.
3. To relate these aspects of aging to working with the older person.

Time Required: 2 hours

Materials Needed: Copies of "The Aging Process True-False Questionnaire"
A poster or individual copies of the Chart on Number of Persons 65 and Over Living in Institutions
Posters, chalk board, or large pad for looking at Facts and Figures on Aging

Objectives	Procedures	Time
	Introduce the topic for this session.	
To develop participant awareness of some of the myths or stereotypes related to the older person.	Distribute copies of the questionnaire on the Aging Process and explain that this is not a test but rather will be used to stimulate discussion. Read over the instructions together, being sure that all participants understand them. Allow for differences in reading ability, but encourage them to work through the questions as quickly as possible so that the discussion can begin.	10-15 Min.
	The questionnaire with related comments is included in the content materials. Encourage group discussion and sharing of individual ideas as much as possible. Ask for their answers before giving the information that clarifies the statement. This is most important for active participation by the trainees.	45 Min.
	Be sure that all participants understand the concept of stereotyping, relate it to the aging population as the discussion proceeds. Emphasize the importance of seeing the older person as an individual, with the same needs as everyone else.	
	The content accompanying the questionnaire is presented in a conversational style. Newspaper articles should be collected and shared during this session where they seem appropriate.	
	BREAK	10 Min.
To provide the participant with information on three aspects of aging--physical, sociological, psychological.	Facts and Figures on Aging could be presented on a chalk board or copies could be made for each participant. Outline the major points of each aspect of aging and encourage group participation. The cycle of changes could be diagrammed on the board or poster.	40 Min.
	The Duke University Center for the Study of Aging and Human Development is a resource for audio-visual materials.	

Objectives	Procedures	Time
	The "Trigger" films include short sequences in the life of an older person and could be substituted in this section. The cost is $5.00, and the film must be picked up and returned; there is no mailing service. There is also a film strip series which might be helpful for the leader of this session if more information is needed on the aging process.	
To relate these aspects of aging to working with the older person.	As each aspect of aging is presented, the group should be guided in thinking about how the ideas mentioned may affect someone with whom they will be working and how they would handle certain situations. Role plays are helpful in this process. One is suggested in the discussion on reality orientation. Others may be developed by the trainer with would be appropriate for each group.	15 Min.
To provide an opportunity for trainees to explore their feelings about death and to consider these feelings in relation to working with an older person or a terminally ill patient.	One very important part of working with the older person or terminally ill person is the aspect of death. It is strongly recommended that a separate session be scheduled to deal with Death and Grief, as it relates to the aide's feelings, the feelings of the patient, and those of the family. This is a very sensitive area. The participants may not have had an opportunity to discuss death in a group setting such as this and may be reluctant to get involved. A minister or counselor would be possible resource persons for leading or participating in this session. Family relations is another area which should be discussed by the group. An aide may be caught in the middle--between the older person and the family. How to handle such situations can best be learned through role plays. Again, you may wish to call on a resource person in your community.	

QUESTIONNAIRE ON THE AGING PROCESS

The following questions will provide the basis for our discussion together. Read the statement; then circle the "T" if you think that the statement is True; circle the "F" if you think the statement is false.

T F 1. Most older persons spend a lot of time in bed because of illness.

T F 2. Older persons feel tired most of the time.

T F 3. Old people are all alike. They're grouchy and hard to get along with.

T F 4. A majority of older persons live in nursing homes and hospitals.

T F 5. Sex is no longer satisfying for older persons, and in fact, older persons are not interested in sex.

T F 6. Most older persons are lonely and forgotten by their families.

T F 7. Older adults are not able to make decisions.

T F 8. An older adult is in a period of second childhood.

T F 9. A person cannot remember things as he or she grows older.

T F 10. Older people cannot learn new things.

BACKGROUND MATERIAL FOR THE GROUP DISCUSSION BASED ON THE AGING PROCESS QUESTIONNAIRE

What is stereotyping? Does anyone know what that word means? We could describe stereotyping as the act of lumping together in one group all those persons with a common characteristic and putting a label on them, putting them in a box; stating that if a thing is true about one of that group, then it's true about all of them. The leader should encourage discussion of stereotyping and give examples such as "all fat people are jolly": do you know some heavy people who are sad? Or, "all women are so emotional" -- can you think of some men you know who express strong emotion? Ask for other examples of stereotyping from the group.

Stereotyping of the older person is very common. We all do it, and that gets in the way of our seeing the older person as an individual with problems and concerns common to all age groups. People of all groups are individuals and all individuals are different. (You might wish to list differences here.)

When do we begin to grow old or when are we old? It has been said that the aging process begins at the moment we are born and continues until the time of our death. Have you ever thought of aging in this way? Aging is a process which happens to all of us -- parents, families, friends. It is a normal part of the life cycle. Is this something you dread or don't like to think about? Is it possible that our dislike of this aging process is due to something we've been led to believe that may not be based entirely on fact?

This session will give you a chance to think about some of your attitudes on aging and older people and will perhaps help you see yourself and older persons in a new way.

In many of the jobs you have, you will be working with an older person. In order to be really effective in your job, you will need to know some of the

reasons why a person acts as he or she does. Perhaps you have older relatives or friends who seem to be changing in ways you don't understand. The way you feel about another person will come through in the way you handle your relationship with that person. You will reflect what you feel. Therefore, it is very important that you understand what your feelings are about the whole process of aging. If some of your feelings and beliefs are negative and unfair, you will be showing that to the person for whom you are working. It is important that you develop attitudes which will be most helpful to your employers and to you.

There are things which many people believe to be true about all old people which are not based on fact. Let's look at some of these stereotypes related to the aging process. (Ask the group to share their answers to the True-False questions which have been completed).

1. Most older persons spend a lot of time in bed because of ill. (F)

   Many of us believe that older people spend much time in bed because of illness. Studies indicate that these stereotypes are not true of the large majority of older persons. They show that older people do spend more days in bed than younger age groups, but that number of days in bed averages only ten a year. Most older persons are able to carry on their usual activities most of the time. Ten days out of 365 -- that's not so many.

2. Older persons feel tired most of the time. (F)

   Certainly some older persons feel tired most of the time, but can you think of some younger people you know who also complain about this? A large majority of older persons are very healthy and remain quite active. A person in any age group will get tired easily if he does not continue to exercise regularly. Has that happened to you?

3. Older people are all alike. They're grouchy and hard to get along with. (F)

   How often have you heard this? Think about the older people you know -- you can probably find more differences among them than likenesses. Each of us

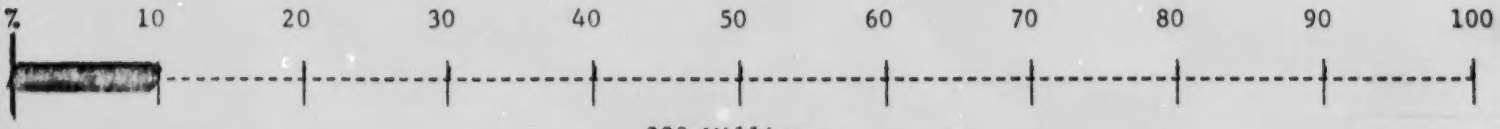
is different, we all have different experiences, different appearances, and different personalities. Do you think that old people are grouchy and cranky? Can you think of some younger people who are grouchy, cranky, or feel sorry for themselves? Studies show that these "moods" apply to people of all ages and are not really more true for older persons than for others. States of depression or unhappiness vary greatly with the individual and depend a lot on many things in a person's life. On the other hand, the older person may act grouchy because of some physical reason. Loss of hearing is very common in older persons. If he cannot hear much of what is being said around him, he will probably become quite frustrated and resent all the "whispering" about him or the things that people are "trying to keep him from hearing". He may show this frustration in ways that make him seem to be an old grouch. Does this make sense?

4. A majority of older persons live in nursing homes and hospitals. (F)
There are 220 million Americans, 10 percent of these are 65 and over -- 22 million; and only 4 to 6 percent of this 22 million live in nursing homes, hospitals or other institutions. Are you surprised? (Ask the group for their estimates before reviewing the chart on these numbers. Most will guess very high). Let's look at those figures on a chart. (You may distribute a copy of this chart to each or make a poster showing the figures and diagram). These figures have a special significance to you as an aide providing in-home services. The number who may need assistance to remain independent in the community is probably greater than we realize. (See Chart on Page 15).

5. Sex is no longer satisfying for older persons; in fact older persons are not interested in sex. (F)
Do you think of older persons as being "sexless"?; or that all that an older person can do about sex is "sit and dream"; or that there is very

CHART SHOWING NUMBER OF PERSONS 65 AND OVER LIVING IN INSTITUTIONS, HOSPITALS AND NURSING HOMES

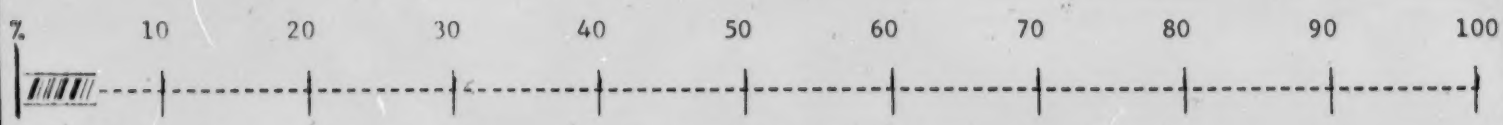
Total Population in the United States - 220 Million



-- 220 Million --

(dark area indicates number of persons 65 and over in the total population - 10 percent)

Now take that 10 percent and stretch it out into a long line -- 22 million



-- 22 Million --

(shaded area indicates number of persons 65 and over who are in institutions and hospitals - four to six percent)

little interest in sex for an older person except for the "dirty old man"? If your answer is yes, you are doing that thing called stereotyping. Studies have shown that a large part of the aged group do continue to enjoy sexual activities and an even larger number have a continuing interest in sexual activity. An interesting thing about stereotyping is that the older person may believe a certain stereotype about himself because he or she has been taught that it was true. Therefore, if he thinks he can't or shouldn't be able to do something--exercise, continue sexual activities, etc.--then the chances are good that he won't try, and he will indeed be unable to do the things he used to do. If an older person believes that he shouldn't be interested in sexual activity, he may feel guilty if he does in fact feel some interest and will hide this interest. Families of older persons may often object to a parent remarrying. They feel ashamed that their parent is feeling something that he's not "supposed" to feel. It is most unfair to deprive a person of a satisfying personal relationship based on the number of years he or she has lived. With more leisure time and fewer responsibilities, a person can approach the sexual relationship in a much more relaxed way and perhaps experience more pleasure than in earlier years.

6. Most older persons are lonely and forgotten by their families. (F)

The idea that most older persons are separated from their families is not true. According to studies made at Duke University, about four-fifths of the aged in the United States live with someone else. Three-fourths say they are not often alone. It is true that there are many lonely people, some of them old, but all of us experience loneliness.

7. Older adults are not able to make decisions. (F)

Most older persons can make their own decisions and want to do so. It is very important to a person's feeling of self-worth that he/she be able to

make decisions on the things that affect his or her daily life. Family and friends often usurp this priviledge -- it may take him longer to make up his mind but it is important to encourage him to do so for as long as possible. Patience is a quality that must be developed when working with people.

8. An older adult is in a period of second childhood. (F)

An older person cannot ever be a child again simply because of the fact that he has 50, 60, 70 or more years of life experiences behind him. These experiences are valuable and the older person must be treated with dignity and respect. (The group will probably discuss the Biblical quotation concerning second childhood, but it is important to continue to emphasize the difference between a child and an adult). There may be an older person who must be cared for as if he were a child, and there are many older persons who remember most clearly those things that were part of their childhood, but they must not be talked down to or treated as anything less than a person of worth and dignity.

9. A person cannot remember things as he or she grows older. (F)

Remembering things is a problem for most of us. Forgetfulness may become more bothersome as we get older, but it is not limited to that one age group. Older persons seem to remember things from their earlier years very clearly and may tend to forget more recent events. If that person is no longer active and involved in what's going on around him, this is understandable. Those earlier years may have much more importance to that person than what is happening to him now. He/she may have lost the persons who were important in that lifetime. The job no longer demands his/her time and attention. The good times to remember are those when he/she was important and needed.

10. Older persons cannot learn new things. (F)

Many of us believe that the older person cannot learn new things, is slow

and less intelligent. "You can't teach an old dog new tricks" is a common phrase. Rather than being slow to learn, it has been found that the older person may take more time to answer or respond to questions or situations. This could be due to a physical condition or to the fear of failing -- being wrong. The speed of responding slows rather than the accuracy or correctness of the response. A person with a high I. Q. when young will continue to maintain a high level of intelligence as he grows older if he has continued to use his mental faculties. Remember, regular activity is necessary to keep all of us in good shape, both mentally and physically. Older persons may need more encouragement to get into new activities -- do you often feel scared when trying something new?

Well, how was your score on stereotyping of the older person? Do you feel that this discussion may change some of your attitudes concerning the whole area of aging?

Reference material on the aging process may be found in:

Behavior and Adaptation in Late Life, by Ewald Busse and Eric Pfeiffer; Little Brown and Company, 1969. Chapter 3 - "Sociological Aspects of Aging", by Erdman Palmore. pp. 33-64.

Basic Concepts of Aging, Thomas A. Rich and Alden S. Gilmore; AoA Publication, July 1969. University of South Florida, Tampa, Florida.

BACKGROUND INFORMATION ON THE AGING PROCESS

Facts and Figures

There are 220,000,000 Americans.

Ten percent of those - 22,000,000 - are 65 and over.

Four to six percent of those - 880,000 to 1,220,000 are in institutions -- nursing homes and hospitals.

The other 94 to 96 percent are living in their own homes or with friends or relatives.

Women outnumber men by a ratio of 4 to 3.

Expected life spans are as follows: (figures rounded to the nearest whole number)

non-white males	61 years
white males	67 years
non-white females	67 years
white females	75 years

Most older men are married; most older women are widows.

There are at least 35,000 marriages a year in which the groom, the bride, or both are 65 or over. This number has been increasing.

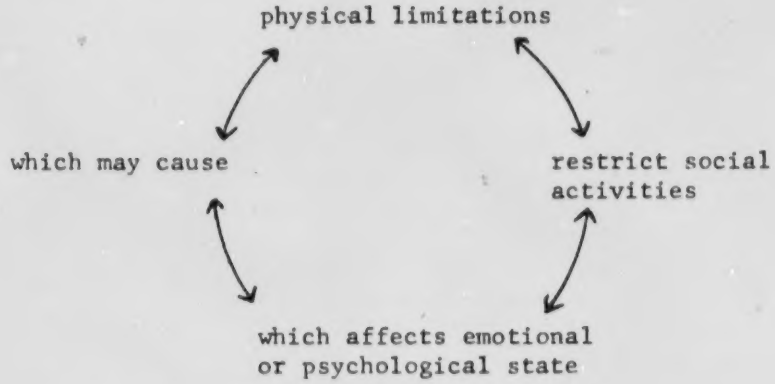
Physical, Sociological and Psychological Aspects of the Aging Process

There are three major aspects of the aging process -- physical, sociological, and psychological. They are all closely intertwined and a condition or situation in one area will probably have some effect on all aspects of life. For example, if a person suffers a gradual loss of hearing (physical), this may affect his social life by causing him to withdraw from group activities -- no longer visiting with friends or participating where hearing is essential for enjoyment. This will in turn have an effect on his emotional or psychological well being. His

personality may seem to change and he may suspect that people around him are plotting, etc. As you can see, it is difficult to divide areas of our lives. (You may wish to offer other examples of the relationship between these areas). Now let's look at these aspects or areas of aging separately.

The physical changes are perhaps the most obvious -- you can see many of them as they occur. More detail on physical changes in aging is included in the session on safety. There is also a chart in Chapter Eight of the Home Nursing textbook which will be very helpful in looking at and understanding these changes. (This chapter should be assigned after the session).

Diagramming the following cycle on the board may be useful as you continue this discussion.



Understanding this cycle may be helpful in working with older persons whose behaviour may be changing or who may be experiencing many problems at once.

The Sociological aspects of aging may include the following:

Retirement:
- loss of income
- loss of identity through job

Loss of meaningful people:
- spouse
- friends
- relatives (through death or dislocation)

Changes in living arrangements:
selling home because of expense in maintaining
moving in with children or relatives
institutionalization

How will these changes affect the style of life of the older person? How would they affect the style of each of us - materially and socially?

Postive aspects are:
more time to do what you want
fewer people making demands on your time
more freedom
fewer responsibilities
time to rest and relax

The psychological aspect of aging refers to:
emotional state or attitudes
memory loss
personality changes
confusion or disorientation
alertness of mental faculties

Each of us has some degree of ability to cope with change. As we grow older, we may face many drastic changes in a very short period of time. The stress which is involved with these changes can severely damage our ability to cope and emotional upset may be the result. The coping mechanism is at work in all of us, more effectively in some than in others. The aging process may make these differences more distinguishable as changes occur. A healthy emotional state is closely tied to the sense of well-being felt by the older person, the involvement in meaningful activities, the feeling of satisfaction or dissatisfaction with one's self and the degree of acceptance of ourselves as we are.

There are both physical and emotional reasons for memory loss or confusion and disorientation in the older person. Many people are hesitant to work with someone who is disoriented or "not right". Encouraging the group to share these feelings of fear or uncertainty regarding mental or emotional problems is essential in promoting an understanding of these problems. Mental illness carries negative overtones for many of us, and the trainees in this course must be made to look at their own feelings and examine the reasons for these feelings. Group members may

wish to share experiences they've had with persons who were experiencing a mental or emotional problem. A resource person who is employed in a psychiatric setting may be asked to lead a session dealing specifically with common problems of the older person in this area.

Reality Orientation is another way of labeling the process of reminding a confused person of the here and now. Many institutions conduct daily reality orientation sessions for their patients. You may wish to take the group through this process using the chalk board.

Today is _____ The time is _____

The weather is _____

The next meal is _____ It will be served at _____

The next holiday is _____, etc.

The process will not be so formal in a home setting. The aide should continue to remind the disoriented older person of the present as she goes about the daily routine. "Good morning, Mrs. Smith. Today is Tuesday and your friend from the church will be here soon." Devise role plays around the confused person so that the trainees will have the opportunity to practice handling this situation.

When a person continually lives in the past to the extent that he or she is not aware of the present, the aide should avoid playing along with the situation. She is the link with the present and must remind the person of what is happening now. For example: Mr. Jones insists that he must go out and feed the cattle. The aide could humor him along and tell him that they'll go out later and take care of the cattle, but this would only be encouraging him to remain in the past. Acknowledging the fact that Mr. Jones did have that responsibility in past years is important, but the aide should then remind him of what he needs to do now, i.e., getting dressed, working on a project, or some other activity which he needs to do. A role play here would again be helpful to illustrate how this situation can be handled.

Additional sessions are suggested on Death and Grief and on Family Relations. Also, obviously, the aging process could be studied more in-depth if time were available.

HOME MANAGEMENT

Part One - Session Three

Purpose: To introduce techniques of home management which may be used as guidelines by an aide in setting up an efficient daily routine in the home.

Objectives:

1. To provide the trainees with a set of guidelines or techniques for efficient home management
2. To allow the trainees to consider ways in which these techniques can be incorporated into the daily routine of the home.
3. To provide information on the proper use and care of appliances to insure trainee familiarity with those most commonly used in homes.

Time Required: 50 Minutes

Material Needed: Copies of Handouts:

"Home Management Check List"

"Tips on Home Management"

"Use and Care of Portable Appliances"

"Use and Care of Major Appliances"

"How to Care for a Dishwasher"

"Make a Clean Sweep of It"

Other pamphlets secured from the Agriculture Extension Division

Objectives	Procedures	Time
	Introduce the topic for Part I of this session.	
To provide the trainees with a set of guidelines or techniques for efficient home management	Distribute copies of the "Home Management Check List". Read over the instructions for its use with the group and be sure that all participants understand what is to be done. Suggest that they complete the list quickly so that there will be time for discussion. The "correct" choices on the check list will be fairly obvious, but it will be important to emphasize the need for actually incorporating some of these into a daily or weekly routine.	10 Min.
To allow the trainees to consider ways in which these techniques can be incorporated into the daily routine of the home.	Ask the group to share the results of their check lists and then distribute the handout "Tips on Home Management". Break into groups of three. Ask them to read over this list of tips and find those which will support their choices or will suggest that a different method would be better.	30 Min.
To provide information on the proper use and care of appliances to insure trainee familiarity with those most commonly used in homes.	Distribute handout on "Use and Care of Portable Appliances, and the handout on "Use and Care of Major Appliances", and review pointers listed on them. Encourage the trainees to discuss various appliances so that those who have not had the opportunity of operating some of them will become familiar with the process.	10 Min.
	Emphasize the importance of reading the instruction booklets which come with appliances regarding operation and care, or of getting full instructions on operation of appliances from a person in that home. Distribute copies of "Make a Clean Sweep of It" and suggest that each participant read over it after the session. Also distribute any other pamphlets on Home Management which you may be able to secure from the Agriculture Extension Division.	10 Min.
	BREAK	10 Min.

INTRODUCTION TO HOME MANAGEMENT

In caring for an older person in his/her own home, an aide may be faced with the task of assuming the management of the home. This may include shopping, upkeep of the home, and making decisions in a variety of other areas of responsibility. Even in instances where this is not the case, there will be a need for wise use of time and energy in performing daily tasks.

The area of home management is a sensitive one in a program such as this. Most of the participants have had years of experience in running a home and have their own ways of doing things which will be difficult to change. An important element in this session will be the experiences and ideas of the participants in managing a home. This should provide a base for discussing different ideas or methods for carrying out household responsibilities.

Housecleaning may be considered by the participants to be a menial part of working in the home, and they may feel that this should not be part of the job. A distinction must be made between light cleaning and heavy housework. The leader of this session must be prepared to state what the program's policy will be on the range of duties which an aide will be expected to perform. Assistance with housecleaning is one of the most frequently expressed needs of older persons. In many instances, the person has always done her own cleaning and it is with great reluctance that she now asks for help. It will be very important that the aide allow the older person to continue to share the work if physically able and to make decisions regarding the running of the household whenever possible.

If the older person requires constant bed care from the aide, then of course, other arrangements must be made for the household duties. Working out details such as these should be done prior to taking the job. (Here is an example of the kind of situation which could be illustrated by the use of role plays. A separate session on employment would be desirable. This will also offer an opportunity to stress the importance of open communication when working with other people).

The Agriculture Extension Division office in your community is a valuable resource for brochures and pamphlets appropriate for use in this session. Much of the material included here has been adapted from information provided through that agency. Agriculture Extension staff members are also available to conduct sessions with community groups which cover the whole gamut of homemaking and home management skills, family relations, and consumer education. There may also be someone who could offer supplemental sessions on nutrition and special diets. Basic nutrition is covered in the Red Cross Home Nursing Course.

HOME MANAGEMENT CHECK LIST

Imagine that you have been employed to work in a home where you must assume the major responsibility for managing the daily routine. Read over each item listed below. Then using your own experience as a reference point, place a check beside each item which you feel to be important for your routine. When you have completed this, we will share our results with the group.

1. Go to the corner store to buy bread and soup which are needed for lunch.
2. Read the newspaper ads for grocery prices and make a list of things that are on special.
3. Prepare complete menus for the week ahead and make a shopping list from those menus.
4. In doing the regular light cleaning, go over the whole house with the dust cloth, then go back with a wet cloth for spots, then use the vacuum cleaner or mop and broom in each room.
5. Get all cleaning supplies together in a basket or other type carrier and go from room to room completing each separate task before going on to the next room.
6. Try to get all the big jobs out of the way in a day or two so that the rest of the week will be fairly easy.
7. Take short work breaks to avoid getting too tired.
8. When you finish one job, ask the person you're working for to tell you what to do next and how it should be done. Proceed in this manner throughout the day.
9. Ask the person you're working with for a list of things that must be done during the week. Make notes on how she prefers to have it done and then schedule your time so that these tasks can be done.
10. Making a list of jobs to be done is a waste of time. It is better to just go ahead with things as they come along.

11. Take your list of jobs and decide which ones must be done immediately and which can be postponed until a later time or day.

12. Determine which of the required jobs you can do well within your daily working hours. If there are tasks which you will not be able to accomplish, discuss with your employer the various ways in which they could be done -- laundry service, heavy cleaning, yard work, etc.

13. If there are jobs which your employer expects you to do but which you know that you can't or won't do, put those at the bottom of your list and ignore them for the present.

14. If there are certain tasks which your employer can do, encourage her to do these even though it may take more time that way.

15. Do not ask your employer to assist with the chores, as you are being paid to do the work. You are there to take care of her.

16. Sitting down for certain jobs is important in order to conserve energy -- even though it may appear to be "lazy".

17. If the home has an appliance with which you are not familiar, such as a dishwasher, it will be quicker if you do the dishes by hand rather than using up your time to learn how it works.

TIPS ON HOME MANAGEMENT

Good management means thinking ahead, whether for yourself or for the person for whom you're working. If you start your day with a plan for the economic use of your time, you will accomplish more with less effort. Wise planning in buying and using food will result in more nutritious meals for less money.

Time and Energy

1. Make a list of tasks which must be performed.
2. Arrange the list so that those things which must be done are listed first.
3. Plan menus for the week ahead.
4. Make a time plan which will insure the accomplishment of necessary tasks. Don't schedule too tightly; allow adequate time for interruptions.
5. Do not try to do all the hard jobs in one day. Schedule them over the week so that you won't become too tired.
6. Keep your schedule flexible and open to change if the plan is not working.
7. Schedule hardest jobs when you are most rested.
8. Get ready for the job -- organize tools and supplies in a basket or carrier. You will have what you need as you go from room to room.
9. Work briskly; finish the job quicker.
10. Take frequent five-minute rest breaks to avoid becoming too tired.
11. Sit for special jobs to save energy.
12. Finish what you are doing before beginning something else if possible. It's more difficult to go back to something once left.
13. Use odd moments for small jobs -- use the time when it is available. Don't let the small jobs accummulate.

Space

1. Provide a place for things and put things in their places.

2. Improve storage -- arrange tools and supplies which are used most frequently in a space which is easy to reach and close to the area where it is used.

3. Place mats by outside doors for cleaning shoes.

4. Be sure that there are enough wastebaskets in areas where needed.

Money

1. Using your week's menu plan, make a shopping list before going to the store and stick to it.

2. Carefully read and evaluate ads for "specials" and sales.

3. Buy only what is needed or can be stored and used.

USE AND CARE OF PORTABLE APPLIANCES

Refer to manufacturer's booklets concerning proper use, care, cleaning, and maintenance before using an appliance for the first time. File instructions, guarantees, and warranties so that they are readily available when needed.

Cords with worn, crumbled or cracked insulation should be replaced. Never run cords over hot pipes, radiators or other hot objects. Excessive heat may damage cords by melting the insulation or making it dry and brittle.

Use wall outlets and not extension cords or light sockets for connecting appliances.

Never run cords under a rug or a door, and do not hang over a nail or narrow sharp object since the small wires inside the cord will break under continued bending.

It is best to use three-prong ground plugs in three-prong outlets. Use an adapter plug in a two-prong outlet with a three-prong plug and always attach the ground wire to the face plate screw.

Electrical cords should be rolled loosely, hung over a smooth broad surface, and stored in a dry place. Cords with attached heat control units should not be hung where there is danger of being hit or knocked about.

A tingle or slight shock when handling an appliance or switch means the appliance should be inspected for loose wires or poor insulation.

Turn off the appliance whenever plugging in or disconnecting from the electrical outlet.

To disconnect appliances, always grasp plug, not the cord, and remove from the wall outlet first, then from the appliance.

Disconnect electrical appliances before oiling or cleaning.

Electrical equipment should not be handled with wet hands or when standing on a wet or damp surface. Avoid touching an appliance and a grounding source such as a pipe, radiator, faucet or sink at the same time.

Set appliances on firm, level surfaces so there is no danger of tipping.

Allow space around heating appliances when in use so they do not burn or ignite nearby furnishings.

Adapted from the National Safety Council's publication "Safe Home Appliances", and published by the North Carolina Agricultural Extension Service as Home Economics 96.

USE AND CARE OF MAJOR APPLIANCES

Refer to instruction booklets in regard to proper installation, use, care, cleaning and maintenance.

File instruction booklets, guarantees and warranties so they are readily available when needed.

Installation should be handled by a qualified person.

Major appliances should be grounded or connected to a three-prong grounded outlet.

Periodic checks should be made of electrical, oil and gas equipment. Motors need frequent cleaning; oiling should be done according to manufacturer's instructions.

Yellow flames on gas burners indicate a need for cleaning or adjusting.

When lighting manually-ignited gas appliances, strike match before turning on gas valve.

Do not touch an ungrounded appliance (if plugged in or operating) and a grounded metal (water or drain pipe, sink, tub, wash bowl, radiator, or damp concrete floor) at the same time. Avoid electrical shock by not operating appliance with wet hands or when standing on damp surface.

Filters in washers, dryers, and air conditioners should be removed periodically for cleaning. The exhaust duct and fans in range hoods also require periodic cleaning.

Adapted from the National Safety Council's publication "Safe Home Appliances", and published by the North Carolina Agricultural Extension Service as Home Economics 96.

HOW TO CARE FOR A DISHWASHER

Scrape dishes to remove large food particles or rinse quickly under running water. Remember your machine is not a garbage disposal unit.

Empty glasses and cups; rinse juice or milk glasses especially if dishwasher is not to be run right away.

Place dishes in racks without nesting or crowding so that water can circulate freely over each dish.

Use only a detergent especially made for electric dishwashing.

Plan to run your dishwasher when your supply of hot water is ample.

Do not run it during or immediately after baths, showers, laundry, etc.

Cleaning

Although the interior of the tub is generally self-cleaning, the tub and door should be washed with a damp cloth and mild detergent. Occasionally check bottom of tub and remove insoluble foods and other items which may have collected there.

Wipe exterior with damp sudsy cloth. For stubborn stains, use a surface renewer.

"MAKE A CLEAN SWEEP OF IT"

GENERAL HINTS

- Use a wicker basket, pail or other large container to carry cleaning supplies from job to job.

- Have two containers when washing things that need rinsing - one for the cleaning solution, one for the rinsing water. Change water often. Wipe spills at once.

- Protect your hands with household gloves.

- Have a sturdy step stool or long-handled cleaning tool for reaching high places.

- Use cleaning products exactly according to manufacturer's directions for best results.

- Keep brushes on vacuum attachments free from strings and hairs. Change dust bags when half full.

- Minimize flying dust by using commercially treated dustcloths or treat your own with a spray product available for this purpose.

FLOORS, WOOD AND OTHER SMOOTH SURFACES

- Wax nonwood floors quickly by pouring self-polishing wax into a flat pan and applying it with a longhandled lamb's-wool applicator.

- Remove heel and other marks or stains on floors quickly with a special floor-mark remover or with a soap-filled steel-wool pad. (This method does not, of course, remove heel and other indentations).

- Clean wood floors with wood-floor cleaners or waxes instead of with water.

- Remove perspiration stains and film from leather and plastic surfaces with a solution of one teaspoon baking soda to a cup of water before washing.

- Remove rust spots with a special commercial cleaner for this purpose.

- Scrub discolored grout (plaster) around tub tile with a toothbrush using a solution of three tablespoons bleach to one quart water. Soak five minutes before rinsing.

- Use a water conditioner in the cleaning solution when washing any ceramic tiles or glass shower doors.

- Wax porcelain or baked enamel, painted and other smooth finishes with a cream polish to leave a dirt-resistant gloss.

RUGS, DRAPERIES, CURTAINS AND BLINDS

- Wash cotton rugs weighing under five pounds in an automatic washer. Dry on an outdoor line, if not rubber-backed, or in an automatic dryer.

- Remove spots and stains on rugs before cleaning.

- Freshen draperies that are not stained or heavily soiled by hanging on an outdoor line or by "dusting" in a dryer for about ten minutes.

- Dry-clean lined draperies. Washing may shrink the lining and leave them puckered.

- Scrub shower curtains, if dirty, with a brush aginst the side of the bathtub. Use a water conditioner in the water. If cleaning is difficult because of heavy film, wash in automatic washer but rinse by hand. (Occasionally include nonskid shower and tub mats with the laundry load in your washer.)

- Give metal Venetian blinds a tub bath. Wooden ones should be wiped with a damp, sudsy cloth at the window. Wipe both sides of a slat at a time.

FURNITURE AND DECORATIONS

- Try the foam cleaners in aerosol containers (they include a brush) for shampooing washable, upholstered furniture. Vacuum thoroughly first.

- Replace washed slipcovers on furniture when only partially dry and ironed where necessary. Smooth out remaining wrinkles with an iron.

- Spray a fabric protector on upholstery fabrics to make them resistant to stains.

- Scrub smoke-stained fireplace bricks with a stiff brush and a solution of water and trisodium phosphate (sold in paint stores). Rinse and let dry.

- Use a window cleaner for mirrors and glass-covered pictures. Do not use the cleaner on the frames. They need only dusting.

- Polish decorative items of silver, copper, brass and other metals with tarnish-preventive cleaners.

- Discard accumulated knickknacks if you feel they are not worth dusting.

- Replace lampshades if they are badly soiled and washing is difficult. Sponge lampshades lightly if they are glued or have any glued-on trimmings. Most fabric shades that are sewn to the drame and have no decoration can be washed by plunging up and down in a tub of sudsy solution and rinsing thoroughly. Dry quickly using an electric fan.

- Replace kitchen and bathroom light bulbs with new ones when cleaning those areas. Use the old ones in lamps for easy replacement when they burn out.

- Wear heavy cotton work gloves to clean chandeliers. Dip gloved hands in a warm water-ammonia solution, wring them and wipe crystal.

Adapted from Agriculture Extension Material

SAFETY IN THE HOME

Part Two - Session Three

Purpose: To provide information on safety which will enable the participant to recognize common safety hazards in the home and to understand his/her responsibility for providing a safe home environment for the older person.

Objectives:

1. To provide the trainee with information on the most common cause of accidents to the older person.
2. To identify areas of potential hazard in the home and relate these to the physical aspects of aging.
3. To develop an awareness in the participant of the importance of incorporating good safety habits into working with older persons in their homes.

Time Required: 1 hour and 15 minutes

Materials Needed: Copies of handouts

- "Principal Type of Fatal Accidents to the Elderly" by the National Safety Council
- "Home Safety Check List" adapted from National Safety Council material
- "How to be Safe at Home"

Objectives	Procedure	Time
	Introduce the topic for the second half of Session Three.	
To provide the trainee with information on the most common causes of accidents to the older person.	Distribute copies of the handout "Principal Types of Fatal Accidents to the Elderly" and review the information provided.	10 Min.
To identify the areas of potential hazard in the home and relate these to the physical aspects of aging.	Ask the group to make a list of potentially hazardous situations in the home. Write these on the board.	10 Min.
	Instructor gives lecturette based on information provided in the article by Dr. Manuel Rodstein titled "Accidents Among the Aged." This article is distributed by the National Safety Council; a copy is included in the content of this section.	20 Min.
To develop an awareness in the participant of the importance of incorporating good safety habits into working with older persons in their homes.	Discuss the information provided in the lecturette. Ask the group to make suggestions on ways of correcting the hazards which were identified earlier in the session, using information from the lecturette.	10-15 Min.
	Distribute copies of "Home Safety Check List" and ask each to check "yes" or "no" in relation to his/her own home. Then suggest that this be used as a tool for assessing safety conditions in each home where employed.	10 Min.
	Distribute copies of "How to be Safe at Home" adapted from material provided by the Agriculture Extension Division. Allow time for each to read over the information. Discuss the relationship between effective home management and home safety, emphasizing the responsibility of the aide in providing a clean, safe home environment for the older person.	15 Min.
	Distribute any additional pamphlets which you have secured from the National Safety Council or other resource.	

INTRODUCTION

According to statistics provided by the National Safety Council, 48 percent of the fatal accidental injuries to person aged 65 and older occur in private homes. Twenty-six percent occur in motor vehicles accidents and twenty-two percent in public places, including institutions.

Falls are the leading cause of accidental death to older persons. They include 51 percent of all accidental deaths, 66 percent of which occur in private homes.

Accidents rank third as the leading cause of death among persons 65 and over, behind cardio-vascular diseases and cancer.

With statistics such as these as background, the importance of discussing safety in the home cannot be over-emphasized.

The material which is included for use in this session may prove to be too lengthy, depending on the amount of group discussion which occurs. Additional sessions on safety are recommended. The trainee should be encouraged to be alert for possible emergency situations and to have a plan of action in mind should emergencies occur. A visit from a representative of your local fire department could provide much-needed information on potential fire hazards in the home, the need for a plan of escape in case of fire, and any special services which may be offered by the fire department. A representative from the emergency rescue unit in your community would be able to review emergency procedures in contacting the Unit and instruct the trainees on what to do until the Unit arrives.

If audio visual equipment is available, the State Film Library is a resource for appropriate films on various areas of safety. "A Matter of Seconds" is particularly effective in highlighting home safety. There are many others, but any film used should be previewed prior to its use.

PRINCIPAL TYPES OF FATAL ACCIDENTS TO THE ELDERLY

Sixty-Five Years and Older--During 1973

FALLS..... 12,000

Frequently, older people are the victims of falls precipitated by failing eyesight, muscular strength and coordination, and a degenerative condition of the bones known as osteoporosis. Often broken bones lead to terminal complications.

MOTOR VEHICLE..... 7,400

Fatal accidents caused by motor vehicles drops to second place behind falls in the over-75 age group. The elderly tend to suffer more severe pedestrian-vehicle accidents than do the younger age groups.

FIRES, BURNS & DEATHS ASSOCIATED WITH FIRES..... 2,000

Many older people perish in fires because they are unable to escape the conflagration even after sufficient warning, especially those over 75. (This category excludes burns from hot objects or liquids.)

INHALATION & INGESTION OF FOOD & OTHER OBJECTS CAUSING SUFFOCATION..... 700

Except for the ages 0-4, the elderly suffer the highest suffocation death rate, with ingested-object suffocation being the greatest. One suspected factor is a diminishing of the "swallowing reflex" which comes with age.

POISONING BY SOLIDS, LIQUIDS, GASES & VAPORS.... 650

Poisoning in this age group is not as prevalent as in age group 15-64, yet the death rate from poisoning by gases and vapors for those over 75 is the highest of any age group. This is principally caused by carbon monoxide, presumably from old, faulty heating equipment.

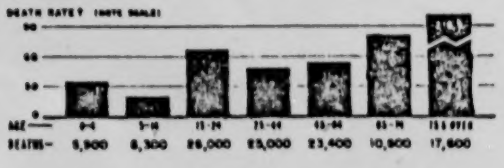
DROWNING..... 500

From available information, it appears that elderly people drown more frequently from activities associated with water than from actual swimming. Males greatly out-number females.

HOW THEY COMPARE WITH OTHER AGE GROUPS--19

Type of accident and age of victim

	Death Total	Change from 1972	Death Rate†
All accidents	117,000	0%	55.8



†Deaths per 100,000 population in each age group.

The term "accidents" covers most deaths from violence—excluded are homicides, suicides, deaths for which none of these categories can be determined, and deaths in war operations.

†Deaths per 100,000 population.

DEATHS OF ELDERLY BY TYPE, SEX AND AGE, 1969*

Type of Accident and Sex	65-74 years	75+ years
TOTAL	10,643	17,313
Male	6,614	7,949
Female	4,029	9,364
FALLS	2,635	10,225
Male	1,457	3,775
Female	1,178	6,450
MOTOR VEHICLE	4,210	3,136
Male	2,642	1,992
Female	1,568	1,144
FIRES AND BURNS	898	1,194
Male	521	622
Female	377	572
INHALATION & INGESTION OF FOOD & OTHER OBJECTS CAUSING SUFFOCATION	425	538
Male	250	281
Female	175	257
POISONING BY SOLIDS, LIQUIDS, GASES & VAPORS	313	221
Male	210	134
Female	103	87
DROWNING	214	151
Male	165	112
Female	49	39
OTHER	1,948	1,848
Male	1,369	1,033
Female	579	815

*Latest year available

Source: National Center for Health Statistics. Certain totals partly estimated by National Safety Council.

Accidents Among The Aged

By MANUEL RODSTEIN, M.D.
Senior Associate Medical Director, Diagnostic Services Division
The Equitable Life Assurance Society of the United States

Of the over 100,000 accidental deaths each year in the U. S., nearly one-fourth occur to those over 65 years of age. The aged make up an even higher proportion of those disabled and invalided among the several million major and minor accidents each year.

They account for over 70 percent of the deaths due to falls, and over one fourth of those due to fire and a disproportionately high percentage of pedestrian motor vehicle fatalities.

In those over 65 years of age, accidents were as important a cause of death as pneumonia and diabetes. The time needed for healing and return of function are greatly prolonged in the aged and the number and severity of complications, such as infections, heart failure, pnuemonia and disorientation, increased.

Accidents To Aged Concern The Young

The problems related to accidental injury and death in the aged do not only concern the aged person who becomes incapacitated, suffers and dies, but are equally grave for their children, now middle aged adults, faced with the psychological, financial and moral difficulties arising from the incapacity and illness of an aged parent. These difficulties are equally great whether the aged parent is living with his child or alone in the community, often at a great distance. Should one turn one's home into a hospital or remove a loved parent to a hospital or chronic care institution?

The grandchildren are also involved through overcrowding of the home, its conversion into a hospital, and or the loss of the wonderful, special relationship with a loving grandparent. The grandchildren are also affected by the changes induced in their parents by such problems. Certainly the presence in the home of an incapacitated, often disoriented and sometimes incontinent grandparent does not provide a favorable environment for a growing child.

Aging Changes and Accidents

The question of why people over 65 years of age have more frequent, more disabling and more frequently fatal accidents than younger people demands a knowledge of some of the things which happen to our body as we grow older.

Most of us only really appreciate the fact that we are getting older when our arms suddenly become too short, that is, we get presbyopic—the lens of our eyes can no longer contract adequately and we can no longer read small print. This is an accident hazard when it forces us to use bifocals as we don't know where our feet are when we are getting used to them, especially when going down the stairs. This obvious change is only one of many which are happening as we get older.

The amount of light needed for reading and seeing, particularly at night, increases with age. The visual field narrows and our tolerance of glare decreases.

Hearing and smell decrease in acuity with aging. Muscular skills, endurance and coordination decreases and most important, reaction time to an imminent danger, is increased.

The bones of the body become thinner and weaker and break more easily under stress; particularly in females the bones of whose spine may collapse without injury or with minor activity such as sneezing or opening a window. The nervous system undergoes gradual deterioration. The reflexes which tell us where the different parts of our body are in space, become duller, slower and need much more impact to be stimulated. The balancing mechanism of the body is impaired. Gait changes with aging, becoming more spread out and the feet are lifted much less off the ground.

Heat and cold are not as readily appreciated. With aging the body maintains the same normal temperature, pulse rate, etc., as in youth but under any disturbance or stress, goes out of adjustment very easily. A lowering of the blood count, anemia, a fast heart rate, any infection, a sudden change in body position, may cause a decrease in the blood supply to the brain and faintness. Hardening of the arteries narrows the blood vessels which carry oxygen to the heart and the brain and results in dizziness and faintness under any stress which reduces the blood flow to these organs even slightly.

Older people also have a lessened tolerance for many drugs. The tranquilizers may make them quite drowzy or cause a fall in blood pressure on standing. The barbiturates may cause them to become drowsy and confused and in some cases very much excited. Digitalis may easily cause a rapid irregular heart rate and a loss of effective blood supply to the brain.

The appreciation of pain may be diminished and fever with an infection may be less or absent so that older people will keep walking about with pneumonia and fractured hips.

The mind and personality may change with age. There is a tendency to deny the limitations of aging, in sight, hearing, coordination and memory. This develops because of the anxiety connected with realizing and recognizing that such changes are occurring, and are due to aging and deterioration.

As part of aging, memory deteriorates and concentration becomes more difficult. Awareness of the environment is decreased. Nocturnal wandering may represent the aged person's search for a child, a parent, or his old home. The aged tend to have a clinging to the past in search of security, which leads to hoarding. The resulting cluttered apartment becomes a source of falls over the treasured objects connecting them to a happier past; or a fire trap by blockage of potential exits. Spontaneous combustion among collected rags and junk may lead to fires.

Chronic illness in the aged adds to age induced weakness through associated dizziness, apathy, and a sense of detachment from the environment. Lessened alertness, decreased self-care and a predisposition to accidents result.

THE NATURAL HISTORY AND PREVENTION OF ACCIDENTS IN THE AGED

Falls

Accidental falls occur on staircases, due most frequently missing the last step or group of steps, in the mistaken belief that the bottom had been reached. This happens to most of us at one time or another, but in younger years we are able to regain our balance, even with difficulty, but the older person once he starts to fall, continues to fall, and, as he says, "Once you are going, you've got to go." This is the result of degenerative changes in the balancing mechanisms in old age.

Contributing factors to his high incidence of falls on stairs are poor vision due to inadequate lighting, particularly at landings and on cellar steps, which are often steep and frequently lack handrails and illumination. Falls on stairs are most frequent at twilight. Dizziness on the stairs plays an important role in such falls and were most dangerous when climbing up the stairs since falls backwards lead to more serious injuries. However, some old people get dizzy when looking down a stairway and suffer injuries falling down.

Handrails on staircases must be improved. A detached rail on both sides is needed and of a size adapted for a good, effective grasp reflex. Many handrails now in use are too broad or too close to the wall for a good sudden grasp reflex for support at the beginning of a possible fall. There should be an extra support for the handrail at the top and the bottom of the stairs; and, the end of the rail should be specially shaped so one will know when one is there.

Top and bottom steps should be painted, non-skid treads used, and risers painted an easily seen color. Stair wells which have doors, should have windows, so that the aged will know that there are staircases behind them and not doors to other rooms. Landings should be adequately illuminated.

Loss of balance on slippery surfaces is an important cause of accidental falls. The old lady who slips on her doorstep or in the backyard on a frosty night is typical.

Small mats, sliding rugs, slippery linoleum, something spilt on the floor, rubber shoes on wet pavements, all contribute to the total of falls. Preventive measures are obvious: using rubber backed non-skid rugs, non-skid floor waxes, corrugated soles, discarding small sliding mats, tacking down of the ends of rugs, and removing thresholds.

A not unimportant source of falls in the aged is falling over objects in unexpected places, such as grandchildren and pet animals. Protection against such hazards is very difficult. Many old people are unable to stand erect when their eyes are closed even with their legs spread wide apart, and good illumination becomes essential. Baseboard lights and adequate lighting at the bedside table and from the bed to the bathroom at night are important preventive measures. Light switches in the rooms should be easily accessible at the door of the room, and flashlights should be handy for emergencies.

Stanton has attributed many falls in the aged to a concept new to most of us, "drop attack." These are a sudden and unexpected fall to the ground, without loss of consciousness; with a complete loss of muscular power in the legs and body. However, the arms may be strong enough to drag the aged person up to and on to a piece of furniture. Such attacks may last for hours. These attacks are attributed to a loss of posture and gait control due to nervous system degeneration in the aged.

A very important cause of falls in the aged is throwing the head backwards and looking up. This causes a compression of the vertebral arteries at the back of the neck against the spine and cuts off the blood supply to the brain. It has been shown that in the aged these arteries are narrowed by hardening of the arteries and are kinked by arthritis of the spine in the neck.

The danger is not only in putting the head back and looking up when standing erect, but increases when getting things off high ladders or high shelves, climbing on ladders to change light bulbs or adjust drapes or paint, or just turning the head sharply sidewise in looking for an unexpected noise as the carotid arteries in the front of the neck are compressed. They, too, are frequently narrowed and kinked in the aged. Working with the arms above the head should be avoided. A headrest in cars to prevent sudden backward movement of the neck would be helpful.

Deformed feet in ill-fitting shoes and plain poor judgment associated with a resistance to advice, also contribute to the total of such trips. Parkinson's Disease with a peculiar shuffling gait, the impaired gait of one limb swinging wide and almost to the ground after a stroke, the impaired gait with little steps of central nervous system syphilis contribute to such trips and falls.

The solution lies in acts of prevention—some of which have been mentioned: the removal of thresholds, of low lying obstacles, tacking down rug edges, or the luxury of wall to wall carpeting, rugs, the thicker and better shock absorbing the better, the removal of the extension cord as even a thin electric cord may be enough of an obstacle to cause a hip fracture. Too low couches, chairs on casters, rickety tables, sharp cornered furniture are all additional hazards.

Burns and Scalds

Burns and scalds are three times as frequent in the aged as in younger adults and call for a great many preventive measures. The frailty of all old people, their poor vision and inability to maintain posture, contribute to the high morbidity and mortality from burns in this age group. Poor memory and inattention are also potentiating factors. Smoking in bed or in an easy chair, especially after a few drinks, may cause a stubborn fire, and death.

The hot water is turned on suddenly and forgotten. The gas jet is turned on and forgotten. Loose clothing may get caught in the flames of the gas jet. Hot kettles may be touched or dropped.

The complex of dials and controls of a modern stove which resembles the controls of a computer may baffle and confuse an aged person as they often do many younger housewives. We should mark the dials on the stove distinctly so that one can see and feel the on and off position.

We have special hazards on our own in our modern American homes. The peninsula cooking unit allows for

an open approach for potential burns from three sides instead of one. In the split level house, the fire that starts in the kitchen may be in the bedroom in a few minutes. Grandmother, using the new oven in the wall without adjacent counter space, may turn around to put down a hot and heavy roast and trip over an obstacle. Burns in the bathtub are quite frequent. (We need controls out of the tub or showers, where the temperature can be pre-set and a seat in the tub to restrict the area of body injury.) In addition the window in the modern basement type of house is often too small for escape.

Burns due to clothing made of highly inflammable materials are common today. A non-inflammable cotton is now available in England for use in pajamas or nightgowns for the aged.

Gas and Asphyxia

The aged suffer a loss of acuity of smell and are thus more exposed to danger from leaking gas lines or equipment, unignited taps, or taps put out by boiled over pots and pans. Suggestions have been made that gas be made with a more penetrating odor for the benefit of the aged. Spring safety caps for gas jets are also a suggestion.

Drugs and Disaster

Accidental overdoses of drugs are also a cause of fatality in the aged. Mistakes in dosage, sequence and timing and omissions are frequent. A periodic housecleaning of all medicine cabinets is indicated. Careful labelling of drugs, with large letters, and with special notation of whether they are for internal or external use, would be helpful. Good lighting in the area of the medicine cabinet, with a good magnifying glass available, would also help cut down on the frequency of accidental overdosage of drugs in the aged.

Accidents and Institutions

Accidents to the aged in philanthropic homes for the aged, private nursing homes, and chronic disease and general hospitals are a major problem.

One-tenth of accidental deaths among those 75 to 84 years of age and one-eighth among those 85 years and over occurred in such institutions. These included a not inconsiderable number due to fire and burns occasioned in burning institutions.

Many of the aged cannot escape because of the infirmities of old age and disease, but many nursing homes and the homes for the aged leave much to be desired in the way of fireproofing and fire prevention measures, and have an excessively high incidence of fire hazards.

One of the recurrent headlines in any newspaper in this country reads, "so many aged residents of a nursing home die in the flames of a converted 1890 wooden frame, shingle, old mansion" which was without adequate fire escapes, with narrow blocked corridors and exits, without fire extinguishers and with an inadequate staff both in number and in training. No fire drills had been conducted and a fire disaster plan did not exist. Such fire traps are as a rule overcrowded and inadequately wired. Strict supervision and fire control measures are badly needed in many areas for this type of institution.

Falls from bed are a nightmare to the administrator and the fruitful source of referrals to the casualty lawyer. Those who are confused due to the effects of disease or drugs, such as severe cardiacs, weakened by failure, terminal cancer cases, and those with muscular and skeletal defects, are especially prone to falls out of bed.

Relief for this problem must be sought in such devices as mandatory use of a high-low bed for the aged, which are in the low position at all times, except when treatments are being given. In the low position the feet of the aged person may reach the ground comfortably when he sits on the side of the bed and he does not have to hazard the treacherous, slippery, small footstool so commonly in use with the old fashioned high bed.

For the severely ill or disturbed aged the ideal side rail has yet to be invented. Many in use only provide a higher point of departure for a fall for the disturbed aged person intent on going to the bathroom at night or going to a current or non-existent past home. The old fashioned high rail is more effective than the modern low, split type.

Other devices necessary for such institutions and also desirable in the homes of the aged persons are grab rail for the toilet seat and the bathtub as well, the bathtub approachable from three sides to give aid to the aged in bathing; the non-skid mat in the tub or emery coated non-skid stripes in the tub and the careful regulation of the temperature of the water. Toilet seats should be high enough so that they can be gotten on and off without dangerous sit-downs.

There should be hand rails on both sides of the corridor and hallways and stair wells, the sink should be high enough not to demand excessive bending and shelves should not be too low. Ideally the refrigerator should be on an eighteen-inch platform to allow for easy access for an old person.

A bedside buzzer or 'phone, as well as an intercom whereby the old person can summon or converse with the nurse at the nursing station, are most desirable.

The doors of bathrooms should preferably be of the accordian type, so that wheelchair patients may have easy and comfortable access to the interior of the bathroom without leaving the chair at the doorway. Room doorways and corridors should be wide enough for interchange of beds avoiding unnecessary stretcher trips. In good rehabilitation training the aged person learns how best to get directly from the wheelchair to the toilet seat.

The ideal wheelchair has yet to be invented. Many are grave accident hazards. I would suggest one try getting in and out of some of them rapidly and see how easily one can get tripped up by the foot rests, by inadequate hand grasps on the side rails, by poor, weak structure and by rolling away due to poor or inadequate braking. And sharp wheelchair edges can impair the circulation to the legs.

In the care of the aged, staff training of everyone concerned is a must. How to move patients in bed and on and off stretchers with TLC—tender, loving care—not like a sack of flour. I have seen severe injuries from rough handling.

An additional suggestion would be the use of levers which are much easier for the aged to handle than door knobs. We all know how we almost sprain a wrist trying to turn a refractory door knob.

Automobiles and the Aged

A special problem is presented by the aged with regard to the operation of motor vehicles and as a pedestrian. Poor night vision, poor tolerance of glare, a diminished field of vision, and lessened visual acuity coupled with slower reflexes make the aged person both a more accident prone driver and a more accident prone pedestrian. Arthritis of his spine and his neck makes it harder for him to turn his head sidewise when engaged in backing up. As mentioned before, looking up at his rear view mirror or sidewise may be a hazard by constricting the circulation of blood to his brain.

The unpredictable effects of medication in the aged also make him a greater automotive accident hazard. Confusion, drowsiness impaired reflexes, even excitement may result. Bursitis of the shoulder hinders his turning motions even with power steering, and ordinary brakes demand power. Power brakes need fine coordination and an aged person with poor coordination may be a definite menace both to himself and whomever is driving behind him.

Quick problem solving, fine perception of light and estimation of the speed of moving objects are the basis of safe driving. All may be impaired in the aged.

The aged driver becomes more cautions and in doing so becomes even more of a menace since the crawler on the side of the road or in the middle lane can cause more accidents than those going an average high normal speed and as many as the youngster going at 70 miles an hour.

What modalities of accident prevention are available for the aged driver? Visual and hearing defects should be corrected. Medication should be given in relationship to the time of driving so as to avoid maximum effects at those times.

Training should be given in the meaning of new traffic signs and laws. Explanations should be made by the physician to the driver as to the limitations imposed by disease on driving ability. The frequency of driving should be regulated, night driving and driving in bad weather should first be curtailed as should the use of difficult and high speed routes.

And How About Pedestrians?

The aged pedestrian has real problems, law abiding as they are. A greater percentage of those over 65 were killed or injured crossing at intersections (57%) than at any younger age group and a smaller percentage of those over 65 than at any younger age group were killed or injured while pursuing such inadvisable activities as crossing between intersections (20.9%); crossing behind parked cars (3.8%); or walking in the roadway (2%).

Suggestions have been made that ramps be built at crossings rather than high curbs, on which he may trip or fall, some easily distinguished clothing articles should be worn at night, and longer and more intensive traffic lights be used. Perhaps the aged pedestrian should get the same consideration as deer do on the State Thruway —let us have oldster crossings with ramps and longer lights. The time needed by many aged patients to cross our city streets with a single green light is often inadequate for their abilities, especially on our broad one-way avenues, especially with his slow reaction time to a change in lights. His habits were set when cars were slower than they are today.

Accidents and the Aged in Industry

Many industrial accidents in the aged develop from a stubborn insistence that they can climb, lift and pull as well as ever. If their work is carried out under pressure, they will have an undue proportion of accidents. However, if they work at a speed adjusted to their capabilities their accident rate diminishes. Those aged workers who are more accident prone than their fellows of the same age, have been found to have the same perception of the sudden hazards but to have a deficient speed of motor reaction in the avoidance of the accident itself. Thinking time diminishes with age. They can plan and carry out activities as well but, if suddenly forced to change a planned movement, respond only slowly.

Aged workers develop great care and accuracy and have less accidents due to such causes as being caught in a machine or inflicted by own tool but they have more accidents due to falls from height or machine, slipping or tripping on the ground or being hit by falling or moving objects.

Emotions and Accidents in the Aged

Psychological evaluation has shown that periods of emotional strain make us more vulnerable to accidents as do boredom, lonesomeness, pre-occupation, anxiety, aggression, authority, frustration, fear and excitement. I think we can all agree that the aged have many of these factors, as they may be isolated, unwanted, lonely and living in too-long marriages or institutions even the best of which enforce excesive regulation and sharing of rooms.

Rehabilitation and Accident Prevention

Skilled rehabilitation procedures superimposed on a basis of good medical care, adequate nutrition, staff orientation and handling the psychological problems of the aged, in an atmosphere of hope, not of despair, may yield remarkable results in the restoration of function and the enjoyment of life in the aged after many types of major accidents. The idea that accident prevention is a worthwhile and productive activity in the home and in the institution is taking hold with a great deal of help from those who are insuring the institution against such accidents. Builders designing quarters specifically for the aged both in private housing and government sponsored special housing have become conscious of accident prevention and are incorporating many of the ideas we have mentioned into their building.

The infirmities of old age are hard to bear and treat. However, the avoidance of needless accidents is a positive contribution, demanding for the most part only common sense.

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HOME SAFETY CHECK LIST

	YES	NO
1. Are you always alert for tripping hazards (mops, brooms, scatter rugs, etc.)?	☐	☐
2. Do you light the way ahead of you into rooms and onto stairs?	☐	☐
3. Do you carry only small loads walking up and down stairs so that you can see?	☐	☐
4. Do all stairs have handrails on both sides and are they secure?	☐	☐
5. Do you always use the handrails when walking on stairs?	☐	☐
5. Is there a grab-bar for bathtub and/or shower?	☐	☐
7. Are non-slip mats or adhesive strips placed in tub and/or shower?	☐	☐
8. Are rugs anchored and worn carpet or tile replaced?	☐	☐
9. Are stairs, halls and exits free from clutter?	☐	☐
10. Is furniture placed so as not to block normal walking areas?	☐	☐
11. Are legs tested for numbness before rising?	☐	☐
12. Is balance gained before standing when dizziness occurs?	☐	☐
13. Do you wear shoes that are kept tied for activities, instead of slippers?	☐	☐
14. Are electric cords in good repair?	☐	☐
15. Do you avoid plugging more than two appliances or lamps on each double outlet?	☐	☐
16. Are pan handles always turned toward the back of the stove?	☐	☐
17. Is a light located over the stove and sink?	☐	☐
18. Do you use small, light-weight pots and pans for cooking?	☐	☐
19. Are short or close-fitting sleeves worn when cooking or are wide sleeves fastened back with pins or rubber bands?	☐	☐
20. Are matches lit before the gas is turned on?	☐	☐
21. Are electrical appliances disconnected when not in use?	☐	☐
22. In case of fire do you have an alternate emergency exit plan?	☐	☐
23. Is bath or shower temperature checked with hand before showering or bathing?	☐	☐
24. Do you observe the rule "No Smoking in Bed"?	☐	☐
25. When cooking, are pot holders used instead of apron or towel?	☐	☐
26. Are medicines clearly labeled for external or internal use?	☐	☐
27. When taking medicine, do you first read the label carefully?	☐	☐
28. Is just one night's supply of medicine placed by the bedside?	☐	☐
29. Do you strictly follow the doctor's instructions when taking medicine?	☐	☐
30. Do you have a separate place for cleaning agents and food?	☐	☐

SCORE ONE POINT FOR EACH "YES" ANSWER

Total Score _____

IF YOUR SCORE IS:

25 to 30 Chances of accident low.
20 to 25 Better watch yourself!
15 to 20 You're heading for an accident!
below 15 Send for the ambulance!

Supplied by National Safety Council

HOW TO BE SAFE AT HOME

A. General Safety

1. Floors

Wipe up all spills right away, because even a little water, a little lettuce, or a grease spot can cause a foot to slip.

Slippery floors can cause serious falls, so don't use too much wax.

Repair small breaks in oilcloth or linoleum, so nobody will trip over loose edges.

2. Rugs

To keep small scatter rugs and mats from sliding, baste or tape pieces of foam rubber or rubber jar rings onto the wrong side at all corners of the rug or mat.

If small rugs have a non-skid finish on the wrong side, vacuum or sweep this backing often. Also sponge the backing once in a while with soap or detergent suds--because dirt keeps the non-skid finish from gripping the floor.

3. Arrange chairs and tables in each room so that a traffic lane is kept open. This makes walking safe even in the dark.

Try to put furniture over the corners or edges of rugs to hold them in place.

4. General

There are many things which you use all the time. Try to keep these down low where you can get them without reaching.

There are some things you use once in a while. You may have to keep these on high shelves. Instead of reaching on tip-toe, use long-handled tongs (like in the grocery store) if you have to take things down from high shelves or cabinets.

Never, never climb to take things down from high cabinets or shelves--unless you use a good ladder.

Never sit on the window sill. Never lean out to wash windows.

B. WEAR SAFE AND COMFORTABLE CLOTHES

1. Shoes

Flats, or shoes with low rubber heels give the safest footing.

2. Clothes

Wear a skirt wide enough for action, but not so wide it will get in your way or make you trip on stairs or a ladder. Jeans or slacks are good for housecleaning or heavy work.

Wear a dress, blouse, or T-shirt that lets your arms move comfortably.

Wear heavy cotton work gloves for "heavy" jobs or when you handle things with sharp edges.

Do not wear full sleeves or loose ties when you are cooking. They may get caught on the stove or oven and get scorched or burned.

All work clothes should be washable in hot suds so you can put them in the machine right away to wash out dirt, perspiration, and special stains.

3. Hair

Cover this with a cap, scarf, or towel to keep it clean during dusty jobs.

4. Knees

Use a foam rubber kneeling pad to keep your stocking and clothes clean when you wash floors. This also keeps knees from getting rough and muscles from getting sore.

C. USE ELECTRIC APPLIANCES SAFELY

1. Cords

A worn cord is dangerous. A worn cord can cause fire or shock. Do use a good cord.

Keep appliance and lamp cords as short as possible. Wind and tie up extra cord with a rubber band. Attach cords to a baseboard so nobody will trip over them.

2. General

Don't plug in too many pieces of electric equipment at the same time. This may overload the electric power line.

When lights flicker, or a piece of electrical equipment doesn't work evenly, this is a danger signal and a warning. The line is overloaded.

Never leave an electric outlet open where children or pets can reach it.

Always pull a cord from the wall outlet before you pull the other end out of an electrical appliance.

Never touch or handle electrical appliances with wet hands.

Keep all electrical equipment--including radios and TV's--away from sink, bathtub, or from any water outlet.

Always pull an iron or ironer cord from the electric outlet if you have to leave the iron or ironer before you finish using it.

A fuse is a safety device to prevent trouble. When a fuse blows out, put in a new one right away. Do not use a penny instead of a fuse--this may start a fire.

D. BATHE SAFELY

Do keep the floor clean and dry so nobody will slip. Whan a bar of soap is dropped, or when soapsuds splash, do wipe up the floor right away.

Do put a rubber mat or a folded bath towel in the bottom of the bathtub or shower before children or elderly folks take a bath or shower. When possible, attach a handle to the wall next to the tub or shower as a grab bar.

Do test the water before stepping into the bathtub or shower. Make sure the water is not scalding hot.

When getting out of the bathtub or shower, make sure one foot is firmly planted on the floor before lifting the other foot out.

E. KITCHEN SAFETY

Crumbs or grease can start a fire. Keep the stove, oven, and toaster clean.

Do set pots and pans on the stove so their handles do not stick out. Otherwise a child can reach it or somebody else may knock the pan over and spill hot food.

Mop up spilled grease or other food right away so the kitchen floor won't be slippery.

Keep all work surfaces in the kitchen clean and dry. If the surface is wet, china and glassware may slide off and break.

Wash sharp knives separately. If sharp knives drop into sudsy dishwater, or hide in the sink under a layer of suds or dishes, you may pick them up accidentally and cut your fingers.

F. BE CAREFUL!

Follow sensible safety precautions at all times to avoid accidentally eating or drinking anything which is not food. This is especially important in homes with young children.

Adapted from material provided by the Agriculture Extension Division.

RECREATIONAL ACTIVITIES

Part One - Session Four

Purpose: To emphasize the importance of stimulating and meaningful activities for an older person in the home and to provide guidelines for planning such activities.

Objectives:
1. To develop participant awarness to the need for stimulating activities for the older person.
2. To identify points to consider when planning and carrying out a recreational activity.
3. To demostrate the actual construction of a file box from materials found in the home.

Time Required: 1 hour

Materials Needed: Copies of handouts: "Why Activities?"

"How to Make a File Box"
Johnson Wax Consumer Ed. Dept.

"A List of Possible Activities for Older Persons"

Chalk Board or Large Pad

Objectives	Procedures	Time
	Introduce the topic for this session.	
To develop participant awareness of the need for stimulating activities for the older person.	Make a brief statement of the need for encouraging the older person to participate in various activities. Distribute "Why Activities?" handout and discuss the diagram in detail. Emphasize the major goals of an activity --self respect, independence, activities of daily living, body processes--and relate these to the physical, emotional and mental health of the older person. The leaves of the plant indicate some of the results or satisfactions which may be derived from participating in the activity. Discuss these in detail, asking the group to suggest how they feel these satisfactions will occur, i.e. working on a project with someone else will foster a closer relationship with another person, etc. The activities of daily living flower includes such things as dressing, combing hair, brushing teeth, making a bed, shaving, writing letters, paying bills, telephoning, cooking, eating--all those things which make up the daily routine. The older person may be able to do some or all of these and should be encouraged to do what he/she is capable of.	25 Min.
To identify points to consider when planning and carrying out a recreational activity.	These points are on the handout and should be discussed in detail, encouraging participants to respond as if they were responsible for planning activities. The physical limitations will include limited use of limbs, loss of hearing, limited sight, memory impairment, etc. Finding out what is of interest to the person for whom you're working may be difficult if he/she is not very enthusiastic about getting into an activity. The aide must be alert for clues in conversation or things in the home	20 Min.

Objectives	Procedures	Time
	which may indicate an interest or hobby--listening cannot be over-emphasized. List on the board the guidelines for the aide when initiating an activity. You may wish to include this with the handout material.	
To demostrate the actual construction of a file box from materials found in the home. (or some other item which you may choose.)	The directions for the construction of a file box are included in the content for this session. You may wish to choose another item which can be made from articles found in the home, or you may wish to invite one of the participants to do this demonstration. Observing the actual process for making something useful will be much more interesting for the group than talking about it. Even better would be the opportunity for all of the participants to make this item. If materials can be secured, extra time could be allotted for this. If time allows, ask the group to list as many activities as they can think of. A list to be copied and distributed is included. Encourage the participants to share their special interests or hobbies--perhaps bring something to class which could be used by others. The use of community resources should again be stressed. We may fail to use resources because of lack of experience in how to go about this.	15 - 20 Min.

INTRODUCTION TO RECREATIONAL ACTIVITIES

Individuals grow old in their own unique ways, with different life experiences, different interests, and different ideas on the uses of time in their later years. Some individuals remain very active socially and others retire from both work and social activities at age 65. For some, this will be the time for enjoying all those things which were postponed during their working years. It will be a time when there are fewer responsibilities for supporting a family and all the distractions and worries that go along with the rearing of children. Many older persons become more ative in civic affairs--things they didn't have time for in earlier years. Others will see retirement as the end of life, as the time when everything worthwhile comes to an end, a time which must be endured. (Some of the sociological factors discussed in the Aging Process session may be reviewed here.)

Satisfying and constructive use of leisure time is a key factor in maintaining the morale and self-image of the aging individual. There is a very strong relationship between good health and active living. The meaningful and satisfying use of leisure time is one way of helping an older person continue to feel productive and useful. With one who has placed much emphasis on productivity and the value of work, recreational activities may in a very real sense be considered a work substitute.

Even though there may be severe physical limitations with the person who is receiving in-home services, there will almost certainly be activities which can be adapted for that person. There are community agencies which can provide resource persons to evaluate and plan appropriate activities for individuals with varying degrees of physical disability. The library offers many services for home-bound persons. Your community may have others.

The aide must be encouraged to take the initiative in checking out possible resources and providing stimulating activities if necessary. A list of things to remember when planning and carrying out an activity follows:

1. Be flexible enough to change plans if the situation warrants it.
2. Be patient, the activity may not spark an interest immediately.
3. Be enthusiastic when entering into an activity.
4. Be willing to take the initiative in developing appropriate activities and encourage the older person to participate.
5. Use the community resources that are available to you.

   Library - large print books, talking books, records, tapes, home visits, books by mail

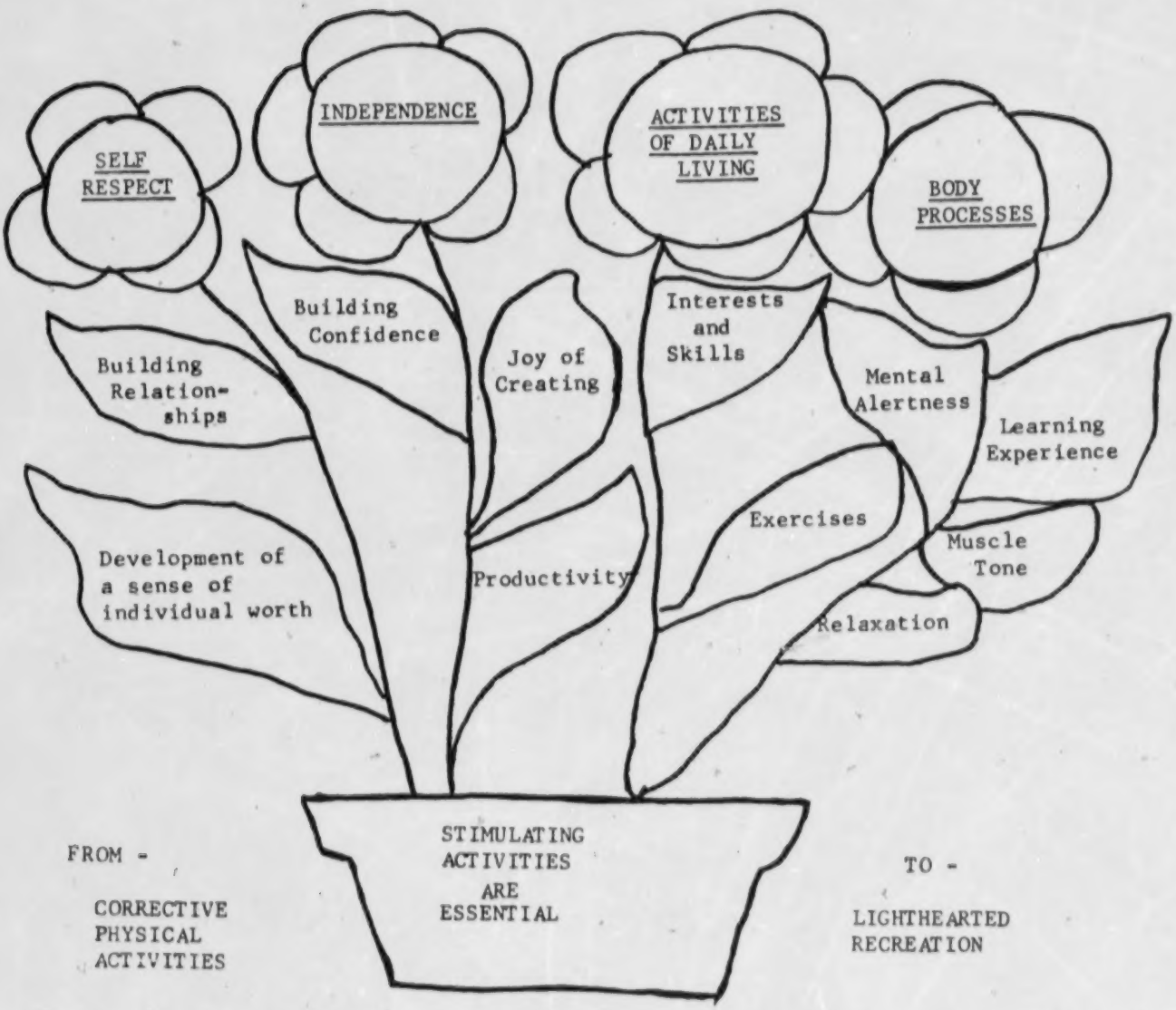
   Recreation Department - special crafts sessions, senior citizens clubs, other programs

   Churches and community groups - visiting, transportation materials for crafts.

6. Be sure your sense of humor is in good condition--you may need it.

WHY ACTIVITIES ?

In Order To Maintain and Develop-



IN PLANNING A RECREATIONAL ACTIVITY, CONSIDER CAREFULLY--

1. The physical limitation of the person involved.
2. The interests of the person - current and past.
3. Your interests and experiences.
4. New and different activities you may want to pursue together.
5. Community resources which may be available to you.

A LIST OF POSSIBLE ACTIVITIES FOR THE AGED OR INFIRM:

art
auto riding
bandage making
basketry
beanbag toss
bedmaking
Bible study
bingo
birdfeeder construction
bird watching
block printing
braindin
bridge
candle making
cards
carpentry
carving (soap and wood)
ceramics
charades
checkers
chinese checkers
church going
clay
collecting (stamps, coins, rocks, etc.)
community service
cooking
crocheting
crossword puzzles
darts
decorations
dominoes
drawing
embroidery
flower arranging
flower making
furniture refinishing
games (table activities, active guessing)
gardening
graphic arts (printing)
exercises
holiday celebration
hooked rugs
horseshoes
Japanese folding paper
knitting

Continued: List of Possible Activities

knotting (macrame)
kitchen work
lamp making (shades)
macaroni craft
maps
matchbook decoration
mending
metalcraft
monopoly
mosaics (eggshell, tile, seed, gravel, etc.)
movies or slides
music (check out from library)
naturecraft and walks
needlecraft
newspaper clippings
painting
papercraft
pets
picnics
puzzles
quilting
quizzes (famous people, dates, etc.)
radio
reading
recipe book making
records
ring toss
rug making
scrabble
sewing
shellcraft
singing
solitaire
storytelling
table setting
table shuffleboard
television and playing t.v. shows
textile painting
tiddlywinks
trips
twenty questions
walking
washing
weaving
writing
yarn animals and dolls

Continued: List of Possible Activities

CARD GAMES:

bridge
cribbage
hearts
pinochle
poker
rummy
sheephead
whist

CREATIVE USE OF ODDS AND ENDS:

BOTTLES (plastic and glass):
paint containers, vases, lamps, desk sets, piggy banks games (bowling pins and bean bags), door stops, bubble bath containers, paper weights, dolls

BURLAP (ravelled and dyed if wanted)
foundation (for rugs, handbags and pillows) place mats, wall hangings, colonial door mats, block printing

CANS
vases, desk sets, pin cushions, kitchen utensils, (funnel scoop, cutter), footstools

CHRISTMAS AND GREETING CARDS
applique on bottles, tinware, woodenware, bead chains, flowers, jigsaw puzzles, scrapbooks, posters decorations

EGG SHELLS
oraments, mosaics

FELT
stuffed animals, applique, wallhangings, bookends backing for ceramic pieces

MAGAZINES AND CATALOGS
resource materials, paper mache, scrapbooks, patterns wastebaskets, collage

MARBLES, NEWSPAPER, PLASTIC BAGS, SPOOLS, STOCKING

handy hints

FROM Johnson WAX
CONSUMER EDUCATION DEPT.
RACINE, WIS.

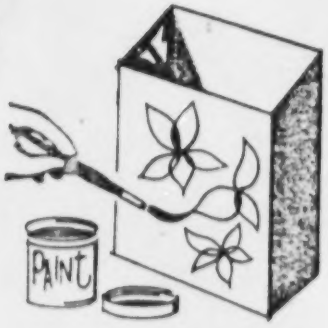
HOW TO MAKE A FILE BOX
for a
KITCHEN LIBRARY

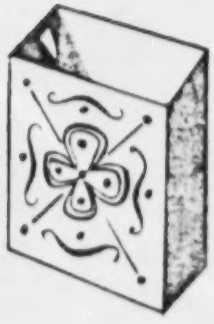
Here is a fun project that's easy but creative. And it's practical, too, for filing home care information, appliance manuals, special laundering instructions, recipe booklets, and miscellaneous folders and clippings that should be kept handy... but are usually scattered about in a number of kitchen drawers.

The holder can be simple enough for a kindergarten activity, or beautifully decorated as an art project. With a set of Johnson EASY LIVING booklets (free on request), the completed box makes an ideal gift for mothers, brides, housewarmings... for bazaar and party prizes... and many other occasions.

You will need a cardboard box approximately 6 inches wide, 9 inches high, and as deep as you like. An empty cereal or detergent box can be used. Of course, the deeper the box, the larger your library. And the heavier the cardboard, the more durable the finished box will be. If you like, you can make index cards from card stock. Also, you need covering material and trim, glue or paste, a sharp knife or scissors, a pencil and a ruler.

Now begin by drawing a line across the front of the box about 2½ inches from the top. Then draw another line about ½ inch from the top across the back of the box. Connect these two lines on the sides. Cut on the lines. Now you are ready for...





Decorating. This is the real key element of the project, and here you are limited only by your imagination and creativity. Self-adhesive plastic in woodgrain, solid color, or a gay pattern is a practical approach. Wallpaper (to match a kitchen wall)... cloth (burlap, felt, drapery fabric)... gift wrapping or construction paper might be your choice. Designs can be created with stencils, paint (finger, brush), or glue-on items. See other side for more suggestions.

Here are some additional decorating suggestions to spark your imagination:

Collage of magazine cut-outs, birthday cards or snapshots
Artificial flowers or miniature fruits
Felt cut-outs on burlap cover
Names or monograms
Seashore souvenirs (shells, seaweed, sea horses)
Rick rack or braiding
Sequins and glitter
Miniature birds or butterflies
Pearls or colored beads
Cut-out designs from wallpaper

FREE SET OF HOME CARE BOOKLETS

To start a Kitchen Library, you need a set of colorful EASY LIVING booklets -- including such helpful information as ...

How to take care of floors, furniture, gardens, indoor plants
How to make cleaning easier and safer
How to refinish furniture or repair scratches and blemishes
How to control household odors, bacteria and insect problems
Home safety tips and handy check list
Answers to 60 common home care questions

This kit of booklets will be sent in quantity without charge to teachers for classroom projects, and to club leaders for group projects.

Also available without charge is a copy of EASY-TO-MAKE GIFTS FOR THE SMALL BUDGET -- 24 pages of simple but clever gift-making suggestions.

Write to

Consumer Education Dept. PB
JOHNSON WAX
Racine, Wisconsin

ED-230

COMMUNICATIONS AND HUMAN RELATIONS

Part Two - Session Four

Purpose: To examine various methods of communicating and to relate the communications process to working more effectively with other people.

Objectives:

1. To provide the trainee with some insights into methods of communicating.
2. To enable the trainees to relate personal experiences and values to concepts of communications.
3. To discuss ways of incorporating communications skills into interactions with other people.

Time Required: 1 hour

Materials Needed: Chalk board or newsprint pad
Collection of items used in symbolic communication
Copies of the handout "Communicating with the Handicapped"

Optional Objective: To familiarize the trainees with methods of communicating with handicapped persons.

Objectives	Procedures	Time
	Introduce the topic for the second half of this session.	
To provide the trainee with some insights into methods of communicating.	Trainer will present a brief lecturette based on information in the article titled "Communication Modes: An Experiential Lecture" by John E. Jones. Use chalk board or pad while presenting material, listing categories and types of communications under each. Include the group in the process.	20 Min.
To enable the trainees to relate personal experiences and values to concepts of communication.	The trainer should have a small collection of symbols which can be shown to the group to elicit reactions, illustrating how symbols are used in the communications process. The symbolic method of communicating is an effective way of bringing out individual values and beliefs as a major factor in interpreting messages. Symbols could include a peace symbol; pictures of policemen, nurses, men in military uniforms, someone with long hair; wedding ring, etc. Ask the group to share examples from their own experiences which would illustrate how a communication can be misinterpreted; where the verbal and non-verbal were sending different messages; where judgments were made through symbols rather than by interaction with a person.	20 Min.
To discuss ways of becoming more sensitive to the needs and feelings of the older person who is being served.	There should be a natural progression from the relating of personal experiences to how an aide may become more atuned to the feelings of others and to discussing ways of improving communications. List ways of improving communication on the board.	20 Min.

Objectives	Procedures	Time
	Listening should be emphasized. Beware of interpreting someone's else's message through your values and beliefs. Avoid being judgmental. Be open and receptive to new ideas. Think before speaking. Be aware of how attitudes and moods affect communications. Ask the group for more. Use the "trust walk" exercise. Discuss feelings related to being the helper in this situation and the feelings involved in having to rely on someone else for direction.	
To familiarize the trainees with methods of communicating with handicapped persons.	If at all possible, extra sessions should be scheduled to cover this area. A resource person with training in speech and hearing would be the logical choice to lead a session on communicating with one who has speech or hearing difficulties. If this is not possible, use the handout on "Communicating with the Handicapped." Read over the points together. If time permits, do several role plays with one taking the part of the handicapped person, while the other uses the techniques for communicating effectively. Afterward, ask the group to evaluate the performance and point out ways of improving the techniques used by the players. Another session dealing with communicating and working with a person who is blind or has limited vision would be helpful to an aide.	

INTRODUCTION TO COMMUNICATIONS AND HUMAN RELATIONS

Of major importance in working successfully with other people is the ability to communicate. Communication is a complex process and can be dealt with only briefly here, but it should be a constant theme throughout the sessions together. With group discussion as one of the teaching methods most frequently used in this course, the opportunity for encouraging group members to share experiences, as well as to listen to others in the group will constantly be present. The development of an open and receptive attitude should be encouraged within the group, with emphasis being placed on continuing this attitude in the work relationships.

In order to communicate effectively, one must develop a sensitivity to the feelings of other persons as they are revealed through both verbal and non-verbal messages. As aides providing services in the home of another person, this sensitivity will be particularly important. The home is a personal and intimate part of one's life and being closely involved in such a situation will require that the aide be able to foster a feeling of trust between herself and the older person. Basic to that trust will be the ability to see the person as an individual--a worthwhile human being.

COMMUNICATION MODES: AN EXPERIENTIAL LECTURE

John E. Jones

When we are attempting to transfer our meaning to another person, we use three different modes, methods, or channels to carry our intentions. We use these modes to tell people who we are, how we experience the world, and the meaning we attach to our experience. We communicate symbolically, verbally, and nonverbally. This discussion centers around the definition of each of these modes and includes some suggested activities designed to look at the implications of these modes for improving one's communication with others. The intent is to explore the implications of the mixed signals which one often emits in attempting to share a meaning with another person.

When two persons, A and B, are attempting to communicate with each other, their communication is distorted by their personalities, attitudes, values, belief systems, biases, the assumptions they are making about each other, their experience background, and so on. A's communication to B flows through A's screen and through B's screen. When B responds to A, B is responding to what he heard rather than what A might have intended. He shoots his message back to B through his own screen of attitudes, values, and so on, through A's screen. What is often not understood is that the way we get messages through our screens and through another person's screen often is confusing and distorting in and of itself. We add to what we hear, we fail to hear, and we distort messages according to the modes that are used to convey messages.

SYMBOLIC COMMUNICATION

We say a great deal to each other about who we are and how we experience each other and the rest of the world through symbolic means. The symbolic communication mode is essentially passive, and messages emitted in this way are very easily misinterpreted.

What are some of the symbols that we use? First, our choice of clothes can tell a great deal about who we are, what our values are, what our status is, how conservative or liberal we are. We associate differences in occupational status with different uniforms. The banker wears a suit, the hod carrier wears overalls, and so on. The radical student wears colorful, loose clothing, the so-called "straight" professor wears a tattersall vest. The second set of symbols with which we often associate meaning is hair. Bearded people are presumed to be more liberal than unbearded people, and people with long hair are presumed to have different political, economic, social philosophies than people who do not have long hair. We stereotype people who have crewcuts. The type of hairdo's and our facial hair, say a great deal about who

we are. These signals are often highly ambiguous, however. A third symbolic form is jewelry. Married people often wear wedding rings, some people wear beads, some people wear highly expensive jewelry, and so on. These are passive messages that are given out continuously to other people. A flag in the lapel, a peace symbol around the neck, an earring in one ear say many things to other people. A fourth form of symbolic communication to other people is cosmetics, or makeup. We associate meanings with different ways women apply makeup to their bodies. The prostitute usually has heavier makeup than other women. The man who uses a great many cosmetics is giving out a symbolic message about the meaning that his world has for him. A fifth symbolic mode is the choice of automobiles. The business executive who drives a sports car is giving out a different set of messages to the world than his colleague who drives an ordinary family car. A sixth symbolic mode is the choice and location of our houses. Social status is directly related to the type of dwelling one lives in and its location. Seventh, the geography of our living spaces is a form of symbolic communication. If you sit behind your desk in your office interviewing somebody who is on the other side of the desk, you are giving out a fundamentally different set of messages than if the two of you sit face to face with no intervening furniture.

So we are giving out a continuous stream of signals about our meaning to other people through the symbols that we choose to surround ourselves and invest ourselves with. These symbols are essentially passive. They are, however, a real part of our communication. When we are talking, when we are not talking, and when we are sleeping, we emit passive symbolic signals.

SYMBOLIC ACTIVITIES

For the symbolic mode, participants can pair off and take turns interpreting all of the symbols about each other and to share experiences in having their own symbols misinterpreted in their past. An alternative activity might be the statue game. Participants pair off and take turns being "It." The person who is "It" imagines that he is a statue in an art gallery. The other person's job is to examine the statue very closely, to try to be alert to all the details of that person, to try to memorize these details so that he can tell a third person what he saw to help to make a decision as to whether he wants to buy the statue. After the partners have taken turns and inspected each other as statues, then they interpret as much of what they saw in terms of the kind of person each is.

VERBAL COMMUNICATION

The communication mode which we rely on most often to carry meaning from one person to another is the verbal mode. Everyone who has ever thought about it has come to the insight, however, that there are enormous difficulties in sole reliance on this mode of communication. History is replete with examples of misunderstandings among people who were relying on words to carry meaning. Perhaps the most significant learning that has come out of this experience has been that words themselves do not have meaning. *People* have meaning, and words are simply tools that we use for trying to convey meaning that is idiosyncratic to one person into the idiosyncratic meaning system of the other person. One of the difficulties with words is that we attach to them different experiential and emotional connotations. Words are not always associated with similar experiences or similar feelings on the part of the listener and speaker. Other difficulties encountered in using the verbal mode include the use of jargon, the use of cliches, and the use of specialized vocabularies. It is often said that words have meaning only in context; it can be better said that words only have meaning when they are associated with people in context.

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It is not uncommon to observe people attempting to find the right words to say what they mean. There is a myth afoot in the land that there is a way to "say it right." If we can extrapolate from that phenomenon, it is easy to hypothesize that there are some people who, instead of experiencing feelings and sensations, more often experience language: that is, their experience parameters are defined by their vocabularies and their articulateness. The psychologist, Piaget, describing cognitive development in children, says that we go through three phases: concrete, imagic, and abstract. When the little baby first experiences the world, he is incapable of a highly differentiated emotional or sensational experience. He experiences only distress or delight, and his major inputs are concrete, that is, he touches things, he tastes things, he sees things, he hears things, he smells things. As it becomes necessary for him to interact with the world and significant others in his environment in order to have his needs met, he develops a fantasy life, an imagic experience. He can imagine mother when mother is not concretely present. That fantasy life can remain throughout his life. As he develops verbal fluency, he begins to abstract, from physical stimuli which bombard him and from the images that are triggered by those stimuli, meanings which he attaches to his experiences. This abstract experience is a translation of sense data into a meaning system. The difficulty with adults, of course, is that very often we do not let into awareness the physical sensations which we experience. We often mistrust our fantasy lives and tend to be afraid to permit ourselves to dream. We experience the world, then, in an abstract way rather than in a concrete and imagic way. The meanings that we permit ourselves to be aware of are verbal and abstract. What we abstract from the physical stimuli which we experience is dependent on our vocabularies and our reasoning abilities. But those three layers of experience — concrete, imagic and abstract — are going on continuously. People experience concretely, people experience imagically, and people experience the abstracting process which they do when they are awake and attributing meaning to what they see, hear, feel, taste, touch. Not all of these meanings can be carried from one person to another through the verbal mode only.

VERBAL ACTIVITIES

Suggested activities for exploring the verbal mode include the following: Participants form triads and talk for three or four minutes using as many clichés as they can remember. Then each triad is instructed to attempt to come to some agreement on definition of several words, such as uptight, heavy, straight, and funky. Members of the triads are encouraged as a third activity to try to express verbally their here-and-now feeling experience of each other and of themselves. A fourth activity might be to get the members of the triads to attempt to agree on the percentage of time that they think about when they use the word, "usually." Once the triads have reached some consensus on the percentage of time associated with that word, these can be posted on a chalk board or flip chart to illustrate the range of experience that we connote with the word. Similar tasks can be to ask the triads to attempt to come to some agreement on which is wetter, damp or moist. After three or four minutes of discussion the triads can report in a voting manner which of those words connotes the most wetness.

NONVERBAL COMMUNICATION

Recently a number of psychologists and people in the human potential movement have turned their attention to the nonverbal ways in which we share meaning with each other. The science of nonverbal communication is called kinesis. One's nonverbal communication, or body language, is usually involuntary, and the nonverbal signals that one emits often are a more valid source of gleaning information than are the signals which are expressed verbally and symbolically.

There are a number of forms of body language. *Ambulation* is a first form. How one carries his body, whether he swishes or stomps, tells a great deal about who he is and how he is experiencing his environment. We associate different meanings to different ways people carry their bodies from one place to another. *Touching* is perhaps the most powerful nonverbal communication form. We can communicate anger, interest, trust, tenderness, warmth, and a variety of other emotions very potently through touching. People differ, however, in their willingness to touch and be touched. Some people give out nonverbal body signals that say that they do not want to be touched, and there are other people who describe themselves and are described by others as "touchy feely." There are many taboos associated with this form of communication. Persons can learn about their own personalities and self concepts through exploring their reactions to touching and being touched. The skin is the body's largest organ, and through the skin we take in a variety of stimuli. *Eye contact* is a third form of nonverbal communication. We tend to size each other up in terms of trustworthiness through reactions to each other's eye contact. Try a little experiment with yourself. Remember the last time you were driving down the road and passed a hitch-hiker. The odds are very high that you did not look him in the eye if you passed him up. Con men and salesmen understand the power of eye contact and use it to good advantage. Counselors understand that eye contact is a very powerful way of communicating understanding and acceptance. Speakers understand that eye contact is important in keeping an audience interested in one's subject. *Posturing* is a fourth form of nonverbal communication. How one postures the body when seated or standing constitutes a set of potential signals that may communicate how one is experiencing his environment. A person who folds his arms and legs is often said to be defensive. It is sometimes observed that a person under severe psychological threat will assume the body position of a fetus. The seductive person opens his body to other people and postures himself so that his entire body is exposed to the other person. *Tics* constitute a fifth form of nonverbal communication. The involuntary nervous spasms of the body can be a key to one's being threatened. A number of people stammer or jerk when they are being threatened. But these mannerisms can be easily misinterpreted. *Subvocals* constitute a sixth form of nonverbal communication. We say uh, uh, uh, when we are trying to find a word. We say a lot of non-word things in order to carry meaning to another person. We hum, we grunt, we groan and so on. These subvocal noises are not words, but they do carry meaning. *Distancing* is a seventh form of nonverbal communication. Each person is said to have a psychological space around him. If another person invades that space, he may become somewhat tense, alert, or jammed up. We tend to place distance between ourselves and others according to the kinds of relationships that we have and what our motives are toward each other. These reasons for establishing distances are often not displayed openly, but the behavior is, nevertheless, interpreted. *Gesturing* is an eighth form of nonverbal communication. It is said that if we tie a Frenchman's hands, he is mute. We carry a great deal of meaning between each other through the use of gestures. But gestures do not mean the same thing to all people. Sometimes people attach a different emphasis or meaning to the hand signals that we give out. For example, the A-OK sign, a circle formed by the thumb and the first forefinger, is considered very obscene in some other countries. The "We're number one signal" is also considered obscene in some cultures. We give emphasis to our words and we attempt to clarify our meaning through the use of gestures. *Vocalism* constitutes a ninth form of nonverbal communication. As an example, take the sentence, "I love my children." That sentence is meaningless unless it is pronounced. The way that that sentence is packaged vocally determines the signal that it gives to another person. For example, if the emphasis is on the first word, "*I* love my children," the implication is somebody else doesn't. If the emphasis is on the second word, "I *love* my children," a different implication is given, perhaps that some of their behavior gets on my nerves. If the emphasis is placed on the third word, "I love *my* children," the implication is

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that someone else's children do not receive the same affection. If the emphasis is placed on the final word, "I love my *children*," a fourth implication may be drawn, that is, that there are other people whom I do not love. So the way we carry our words vocally often determines the meaning that another person is likely to infer from our message.

NONVERBAL ACTIVITIES

There is a wide variety of activities that can be used to study nonverbal communication. Suggested for use with this lecture might be nonverbal milling about the room, encountering people in whatever way a person feels comfortable with, pairing off to do a trust walk, forming small groups to do a fantasy object game and so on.

SUMMARY AND IMPLICATIONS

These three modes of communication — symbolic, verbal and nonverbal — are used by every person when he is awake and talking. Symbolic and nonverbal signals are continuous, just as are our experiences of the world in concrete and imagic ways. A steady stream of symbolic signals is being emitted from us to other people. Our bodies, voluntarily or involuntarily, also give out a continuous stream of messages to other people. Those messages, of course, may be different from what we intend. There is also the possibility that our intentions are not highly correlated with our actual gut-level experience. When we are awake and talking with each other, we are giving out three sets of signals. These signals may not be correlated with each other. Our tongues may be saying one thing, our bodies saying another thing, and our symbols may be saying a third thing. True communication results when people share a common meaning experience. If there is a consistency among the modes that one is using to share meaning, then communication is much more likely to occur. When one is whistling in the dark (saying one thing and experiencing another), he is giving out confusing, mixed signals that can be very misleading to another person.

The implications are clear. For communication to occur, there must be a two-way interchange of feelings, ideals, and values. One-way communication is highly inefficient in that there is no way to determine whether what is heard is what is intended. The office memo is a form of one-way communication which is perhaps the least effective medium for transmitting meaning. A second implication is that for true communication to be experienced, it is necessary that there be a feedback process inherent in the communication effort. There needs to be a continuous flow back and forth among the people attempting to communicate, sharing what they heard from each other. The third implication is that the individual person needs to become acutely aware of the range of signals which he is emitting at any given moment. He can learn that by soliciting feedback from the people with whom he is attempting to share meaning.

NONVERBAL TECHNIQUES OF COMMUNICATION TRUST WALK

Numerous devices have evolved in human relations training to supplement and enchance learning that is the result of verbal interaction. Nonverbal techniques have become popular with both facilitators and participants. The discussion which follows the use of a nonverbal experience is just as important as the exercise itself.

Participants pair off, and members of a pair decide which is to lead and which is to be led on a blind walk to study interpersonal trust. (The one being led should close eyes or be blindfolded.) You may reverse roles and repeat the walk. The leading may be done in one of several ways--by barely touching the person on the elbow, by holding hands only, by placing hands on shoulders from behind. Participants should not speak.

Reprinted from "A Handbook of Structured Experiences for Human Relations Training." Volume II, by J. William Pfieffer and John E. Jones, University Association Press, Iowa City, Iowa.

COMMUNICATING WITH THE HANDICAPPED

I. The deaf or hard of hearing:

1. Get the person's attention before speaking to him.
2. Be sure your face is visible to the person - do not have the light behind you.
3. Never shout, especially if the person uses a hearing aid. Instead, speak in a moderately loud, clear voice.
4. Speak your words clearly, using all consonant endings, but do not over-articulate so as to cause grimaces and other visible distortion which interfere with speech-reading by the patient.
5. Use short sentences made up of familiar words.
6. If repeating a word or phrase does not improve the patient's understanding, say the same thing in other words.

II. The vocally impaired:

1. Some stroke patients retain the ability to write but have difficulty with speech. Many of these prefer to respond in writing to your spoken communication.
2. Others, sometimes almost wholly paralyzed, use a pre-arranged signal for "yes" or "no" and other frequently used words or phrases. This may be a finger movement or an eye blink.
3. The vocally impaired miss the use of language sorely and most such patients enjoy being talked to and/or read to very much. Do not "talk down" to them - many have completely unimpaired understanding.

III. The mentally deficient or senile and confused:

1. Be sure you have the patient's attention before you speak.

2. Speak in a normally loud tone with a pleasant intonation and as you would to any adult.

3. Use simple sentences and familiar words - repetition may be necessary. Try not to let impatience or irritation color your voice.

4. Avoid giving the patient unnecessary choices. Say, "It's time for bed now, Mrs. Jones," rather than "Don't you want to go to bed now?" When you do provide a choice, be sure to allow plenty of time and do not show impatience if the patient is slow to choose which dress to wear or which piece of candy to select.

IV. Stutterers:

1. Listen patiently and allow the time needed for the patient to say what he wants to say. Resist the temptation to supply the word which is blocked. Look the person in the eye without impatience or embarrassment as you wait.

HOME NURSING SKILLS

Sessions Five through Eleven

With increased emphasis being placed on using resources which are already performing a service in the community, the American Red Cross was the obvious answer to the need for basic instruction in home health care procedures. The American Red Cross is a resource in almost every community in the United States. The Home Nursing course which is offered by this agency is available free to any group which requests it.

The Home Nursing course should be viewed as an integral part of this training program, as it is designed to respond to the need for health care skills in the home. Its position in the order of sessions may be changed or it may run concurrently with those which are outlined in the manual. The course, which should be taught by a qualified instructor, has a detailed instructor's manual with a format of six two-hour sessions. The local Red Cross Chapter will help to gain access to all the equipment necessary for teaching and practice demonstration in the class room. A copy of the Home Nursing textbook should be provided for each person enrolled in the course, and it is available at a minimal cost from the Red Cross Chapter.

HOME NURSING COURSE OUTLINE

I. Sessions on Maintaining Health

- A. Essentials of Nursing Care
- B. Living Habits That Promote Health
- C. Preventing the Spread of Disease
- D. Choosing a Well-Balanced or Adequate Diet
- E. Keeping Family Health Records

II. Session on Recognizing Illness

- A. Observing Evidence of Illness
- B. Inspecting the Throat
- C. Taking the Temperature
- D. Counting the Pulse
- E. Counting Respirations
- F. Keeping the Patient's Daily Report

III. Session on Positioning and Body Mechanics

- A. Psychological Aspects of Illness
- B. Care of the Patient With a Long-Term Illness
- C. Body Mechanics and Good Posture
- D. Preparing the Patient to Move in Bed

IV. Session on Personal Services for the Bed Patient

- A. Elimination
- B. Preparing for a Bath
- C. Giving a Bed Bath
- D. General Hygiene and Grooming
- E. Accident Prevention as a Responsibility of the Home Nurse

V. Session on Changing Bed Linens and Transfer Activities

- A. Making an Occupied Bed
- B. Getting the Patient out of Bed
- C. Preparing the Patient to Walk
- D. Helping the Patient to Walk
- E. Halping the Patient Back to Bed

VI. Session on Diets, Medicines, and Treatments

- A. Modifying the Adequate or Balanced Diet for Illness
- B. Feeding the Patient Unable to Feed Himself
- C. Giving Medicines
- D. Having Medicines in the Home
- E. General Information About Treatments
- F. Treatments Using Heat
- G. Home Emergencies

The information needed for making arrangements with your nearest Red Cross Chapter is included in the letter which is attached to this section. Please note that the Regional office can offer assistance to those communities which do not have a local chapter.

CAROLINAS DIVISION

AMERICAN NATIONAL
RED CROSS

TELEPHONE: 704-376-1661

2425 PARK ROAD / P. O. BOX 3507
CHARLOTTE, NORTH CAROLINA 28203

August 21, 1975

Ms. Jane H. Hare

Dear Ms. Hare:

I would like to congratulate you and the staff of the Extension Division of the University of North Carolina on your recently completed training manual for agencies and individuals providing home health care services for the elderly.

As you have noted in your manual, the American National Red Cross has offices in communities across the country (averaging one chapter per county) and has been involved in providing home nursing instruction since World War I. In the years since, the organization has recognized that there are many more older persons who need nursing care than there are people and facilities prepared to care for them and that the numbers of senior citizens continue to increase. Also, shortened hospital stays for the ill have made the home convalescence period correspondingly longer, heightening the constant demand for people skilled in home nursing to care for patients at home. We have found too that retirees and employed adults are interested in remaining healthy and want to learn how to prepare for their later years.

Over the years, the home nursing instructional materials have been reviewed and updated periodically by our National Organization in an effort to meet the needs of an increasing variety of groups and situations. In local communities, qualified and trained volunteers provide twelve hours of classroom instruction free of charge to individuals concerned with home care of the elderly or chronically ill person. Such classes are sponsored periodically by many Red Cross chapters in North Carolina. Classes are scheduled based on demonstrated community need and individual requests and many times are cooperative ventures with public health departments, public school systems, community colleges and technical institutes, nursing homes, Department of Social Services and home health care agencies.

AN EQUAL OPPORTUNITY EMPLOYER

I am enclosing a copy of the Home Nusring Course outline and would strongly encourage all interested agencies and individuals to contact their nearest Red Cross Chapter or the Carolinas Division office in Charlotte as a resource for this training.

Sincerely,

Deborah Watson

Deborah Watson
Nursing & Health Programs Consultant

WRAP-UP AND EVALUATION

Session Twelve

Purpose: To evaluate the program and make supervised placement assignments.

To evaluate the trainees.

Objectives:

1. To involve the trainees in evaluation of the program through a written evaluation form.
2. To provide an opporunity for oral group evaluation of the program.
3. To make assignments for supervised placements, if applicable.
4. To evaluate each participant through individual conferences.

Time Required: Undetermined

Materials Needed: Copies of the Evaluation Form (sample included)

Objectives	Procedures	Time
	Introduce the purpose of the session.	
To involve the trainees in the evaluation of the program through use of a written form.	Distribute copies of the Evaluation Form. Emphasize the importance of feedback to the overall planning process for future programs. Encourage the participants to be open and objective in rating the sessions and in offering any opinions or suggestions which they might have regarding the program. A sample form is included, but it is suggested that the trainer design an evaluation form which would be appropriate for each program and the participant group. The evaluations should be handed in unsigned.	
To provide an opportunity for oral evaluation of the program.	Ask the group to share individual opinions and comments regarding the effectiveness of the program in preparing them to provide in-home services.	
To make assignments for appropriate supervised placements, if applicable.	A schedule of assignments should be distributed to each participant. Background information should be provided on each institution involved and transportation arrangements made if necessary for any of the group members.	
To evaluate each participant through individual conferences.	Evaluation of each participant will be made by the Home Nursing Instructor on proficiency in performing health care procedures. The trainer should provide an overall evaluation of the participant, commenting on strengths and weaknesses of the individual as observed in the sessions together.	

EVALUATION FORM

Please check the items which best describe your feelings about each of the following sessions. Do not sign your name. You should have a check in a section of Part I and another check in a section of Part II for each session which you attended.

Name of Session	PART I			PART II		
	Very Helpful	OK	Not Useful	Need More Time	Just Right	Spend Less Time On It

Please list other subjects that you think should be included in this program.

Other Comments: